Me-Oh-Myalgia!

A missed case of Polymyalgia Rheumatica



PRESENTER:

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CASE

- 70 year old woman presented with 3 weeks of severe muscle pain in the shoulders, neck, and thighs radiating down her legs.
- Exhaustion, decreased appetite, difficulty walking and dressing herself, no AM stiffness.
- No vision loss, jaw pain, or headache.
- Went to several emergency departments with no diagnosis or relief.
- Repeatedly diagnosed with viral URI, tested for COVID and Lyme disease with negative results.

OBJECTIVE DATA

- Exam: Exquisite tenderness to light
 palpation of the shoulders, neck, hip girdle.
 No pain or swelling at the joints. Unable to
 abduct arms above 90 degrees. Strength full
 throughout despite pain. No rashes.
- Labs:
 - ESR: 63mm/hrCRP: 6.0mg/dL
 - CPK: 16 IU/L
 - Lyme screen positive, western blot negative for acute Lyme infection
- COVID/flu/RSV: negative

HOSPITAL COURSE

- Started on Prednisone 15mg PO and had
 90% pain relief within hours.
- Pain worsened at night. Steroid dose was split into twice daily dosing with improvement of nighttime symptoms.
- Sent home on steroid taper (dosed BID) feeling much improved.

Polymyalgia Rheumatica is an uncommon inpatient diagnosis. Recognition of less classic features and a careful physical exam can facilitate diagnosis.

Classic Symptoms

Severe muscular shoulder pain

Involvement of neck, pelvic, proximal leg muscles

AM stiffness

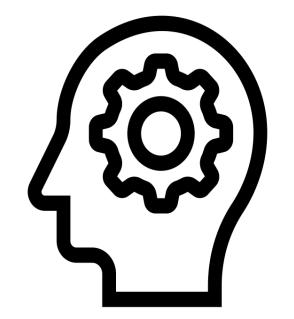


Other Symptoms

Fatigue, malaise, loss of appetite, weight loss in up to 50% of people, and especially in adults > 70.

Polymyalgia Rheumatica

- 2nd most common rheumatologic disease in adults over 50.
- More common in women than men.
- 80% of cases diagnosed in the outpatient setting.
- Lacks the rash, muscular injury, weakness typical of myositis syndromes.
- More severe cases with higher levels of inflammatory markers may be hospitalized.



What cognitive errors contributed to delayed diagnosis?

- Availability heuristic more common causes of myalgias in inpatient/ED settings.
- Premature closure "just a URI."



Clinical Pearl

Consider BID dosing of steroids to relieve nighttime symptoms

REFERENCES

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