

Trust Your Gut... But Not Always: An Unusual Presentation of Thoracic Radiculopathy

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INTRO:

- Thoracic radiculopathy is an uncommon condition whose incidence is poorly defined.
- As a result, it is often overlooked in the differential for thoracic or abdominal pain.
- Thoracic radiculopathy can mimic intra-abdominal pathologies.

CASE DESCRIPTION:

- A 66-year-old female with stage IV thyroid cancer presented to the ED with significant, band-like, RUQ abdominal pain, nausea and vomiting. Cardiac and abdominal etiologies were ruled out.
- Four months later, she presented to an interventional pain clinic where a thoracic MRI was obtained, revealing a 4.5 x 4.6 x2.8 cm lesion involving the T8 vertebral body and right rib, with T7 and T8 nerve root compression.

DISCUSSION:

- The patient's persistent pain stemmed from a rapidly progressing metastatic lesion in the thoracic spine.
- Diagnosis was delayed for months, in part due to negative initial imaging studies as well as low clinical suspicion for thoracic radiculopathy.

CONCLUSION:

- Thoracic radiculopathy is a diagnosis of exclusion for abdominal pain.
- Spinal nerve root compression must remain on the differential in patients with metastatic cancer.

Thoracic radiculopathy, though rare, should be considered in patients with unexplained abdominal pain as it can mimic other conditions and lead to serious outcomes if improperly diagnosed.



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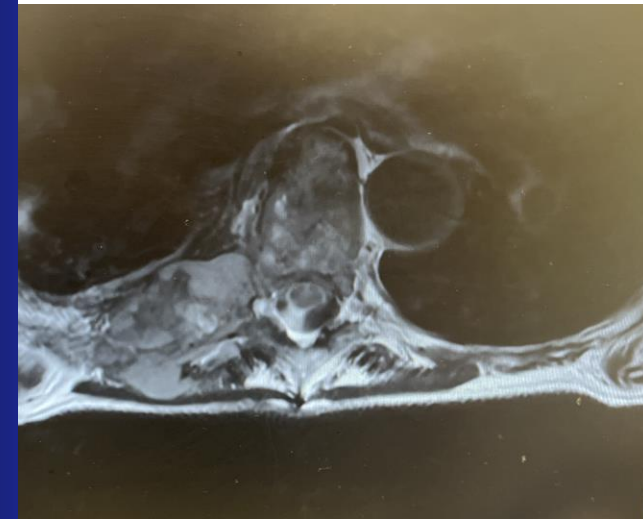


Image 1: Axial T2-weighted MRI

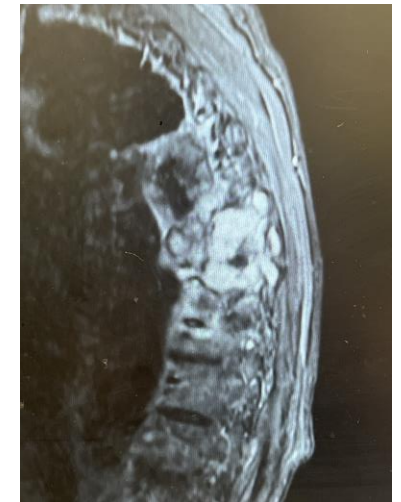


Image 2: Sagittal T2-weighted MRI



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