

# Spine Clinics

## Persistent Thoracic Backache

By Orthopaedics International and Neurosurgery International  
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### Welcome

Thank you to all who attended our recent seminar on current treatment options for prolapsed disc. We will keep all updated on our next seminar.

Thoracic pain is unusual as the thoracic spine does not have much mobility and hence do not undergo the same degeneration as the cervical or lumbar spine. Hence the need to be vigilant with these patients. We illustrate this with an interesting case in this issue.

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### Case Study

This 43 year old Caucasian male first presented to a doctor with a complaint of mild thoracic back pain with radiation round the left chest. He had no neurological deficits. X Rays done showed no abnormalities. MRI showed a post contract enhancement in the left half of the T7 vertebra. A CAT guided needle biopsy done was not conclusive.

He was then referred for further management, about 5 months after he noticed thoracic backache.

Pain was described as a discomfort, occasionally sharp and radiates around the mid left chest.

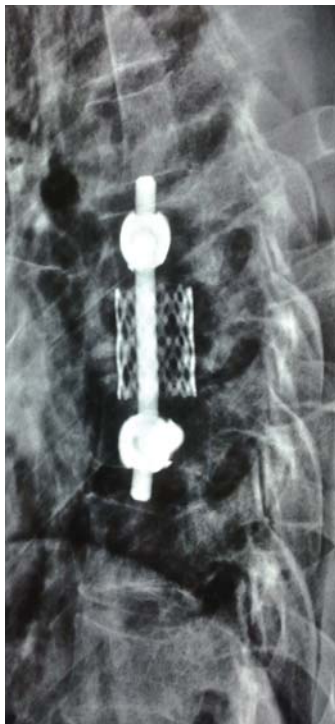
He had no neurological deficits and no myelopathy.

### Investigations

A repeat MRI showed post contrast enhancement of most of T7 vertebra. There was no cord compression.



CAT Scan showed that a solid tumor has replaced most of the T7 vertebral body and involved the pedicle on the left. The posterior cortex was breached.



### Final Treatment

Local Radiotherapy was given. No chemotherapy was required.

### Progress

The patient did very well. Radiating pain in the left chest from radiculopathy in resolved.

He will require follow up for possible systemic disease in a percentage of cases.

### Discussion

Pain in the thoracic spine from degenerative disease is less common than the cervical and lumbar spine. These may be from spondylosis or thoracic disc prolapse.

If pain in the thoracic spine is persistent, further evaluation is indicated.

In older patients and those with known cancer, osteoporotic or pathological fractures are common causes.

In my own experience, I have had patients in the middle age group with persistent thoracic backache with or without radiculopathy with significant diseases. These include thoracic discitis, primary tumors such as in this patient and neuromas. There was one patient who presented with radiating chest pain for several weeks who had a primary lung tumor sitting at the posterior angle of the rib causing radicular pain.

### Histology

Histology was of Plasma Dyscrasia.

### Final evaluation

Bone marrow biopsy was negative and further blood tests for systemic disease was negative.

### Final Diagnosis

Diagnosis was of Plasmacytoma

PET Scan showed an isolated hot T7 vertebra.

Blood profile were normal.

### Surgery

T7 corpectomy was done through a left sided thoracotomy. The resected vertebra was reconstructed using rib graft, a cage and a screw rods construct.

**Orthopaedics International, Neurosurgery International and Sports Medicine International** are a group of registered specialist practices comprising 8 orthopaedic surgeons, a neurosurgeon and a sports physician. Operating out of 4 locations within Singapore, we aim to provide patients with comprehensive and professional care for all musculoskeletal, neurosurgical and sports-related conditions. Each specialist brings a range of interests, expertise and sub-specializations to the group, and is also a senior doctor with a minimum of 20 to 30 years of relevant clinical experience behind him. We strongly believe in a team approach, so that every patient of ours will be treated with the highest standards of expertise and care that are available.

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