

## Case

- 65 y.o., university administrator (P/T)
- Shoulder pain & stiffness
- Entire shoulder girdle (bilateral)
- Sx started about 4-5 weeks ago
- She cannot recall any specific injury leading Sx
- Feels generally less well
- Noticed some pain in her fingers
- Developed jaw pain & left sided headaches (over last 2 days, not normally headache sufferer)

### Shoulder girdle

- Stiff & achy
- 8/10
- Worse in the morning
- Needs approx 1hr before she can shower & dress herself

### Fingers: achy pain

- **Headache:** 8-9/10
- **Jaw pain:** comes on when chewing

**AA:** Getting up & dressed; combing hair (difficulty to lift hand), sleeping (turning in bed painful)

### Extras

- Paracetamol & ibuprofen last two weeks (didn't help)
- Headache doesn't ease w/ medication
- Discectomy L4-5 @ 35 y.o.
- Full hysterectomy @ 42 y.o. due to fibroids
- Getting more tired & Sx affect her mood
- Very concerned shimmy have toggle up job
- Husband passed 2 years ago from MI
- Mother: RA; died @ 65 y.o. from stroke
- Father: passed from aortic aneurysm @ 64 y.o.
- Lost 2.5kg over last 2 months for no specific reason
- Recently more night sweating which wakes her up

## Physical Examination Findings

### General observations

- Mild kyphosis

### Head, eyes, ears, nose

- Very tender to palpation over the temporal area on L

### Clinical tests

- **Full AROM & PROM shoulders:** w/ moderate pain & stiffness in the shoulder girdle
- **AROM Cx:** some tenderness & stiffness on R rotation
- **Full AROM & PROM fingers:** although some pain in all directions

## Discussion

### Working diagnosis

- Polymyalgia Rheumatica (PMR) - fits well w/ presentation including red flag features
- Bilateral shoulder pain & stiffness: appears MSK & inflammatory

### Differentials (based on age):

- **Polymyalgia rheumatica (PMR)**: fits well w/ presentation, including red flag features
- **Rheumatoid arthritis (RA)**: doesn't normally present in the shoulders

- Temporal pain presentations: pathognomonic of temporal arteritis

### Differentials:

- **Giant cell arteritis (GCA) affecting temporal arteries**: pain location, pain severity, very tender scalp & presence of jaw claudication
- **Urgent** referral needed due to risk of blindness

### Clinical guidance

- Specialised (normally rheumatologist) evaluation take place **same day** (but in all cases within 3 days)
- GP will refer to secondary care via the local fast track GCA pathway
- We need to get the pt to see their GP (or nurse practitioner) urgently on the same day

**PMR & GCA are related conditions**: around 10% of PMR pts have HCA & about 50% of those w/ GCA have PMR

- **PMR-like Sx**: been linked to cancer related to a paraneoplastic syndrome leading some to suggest that pts w/ PMR-like Sx should be screened for *occult cancer*



By **bee.f** (bee.f)  
cheatography.com/bee-f/

Published 23rd February, 2024.  
Last updated 15th May, 2023.  
Page 1 of 4.

Sponsored by **ApolloPad.com**  
Everyone has a novel in them. Finish  
Yours!  
<https://apollopad.com>

## Learning Outcomes

### Differentials for inflammatory shoulder pain

- **Rotator cuff tendinitis or tear:** inflammation or tear of rotator cuff tendons that attach the muscles of the shoulder to the bone
- **Adhesive capsulitis (frozen shoulder):** condition in which the shoulder joint becomes stiff & painful, often following a period of immobility
- **Bursitis:** inflammation of bursa, commonly seen in the subacromial bursa
- **Shoulder arthritis:** inflammation of the shoulder joint, commonly due to OA or RA
- **Polymyalgia rheumatica (PMR):** systemic inflammatory disorder that causes muscle pain & stiffness, commonly affecting the shoulders, hips, & neck
- **Gout:** type of arthritis caused by the build-up of uric acid crystals in the joints, which can cause sudden & severe pain in the shoulder
- **Lupus:** chronic autoimmune disorder that can cause joint pain & inflammation, including in the shoulders

### Causes of referred pain in the shoulder

- **Pancreatitis:** upper abdomen, radiating to back & L shoulder
- **Angina, heart attack, pericarditis:** L shoulder or arm pain
- **Gallbladder disease:** R shoulder blade
- **Liver disease:** R shoulder
- **Cx disc herniation:** sharp/shock-like pain
- **Pneumonia or pleurisy:** sharp/stabbing pain
- **Cx/upper Tx musculature**

### Causes of jaw claudication (Jaw pain, often when chewing)

- Giant cell arteritis (temporal arteritis)
- Atherosclerosis in jaw vasculature: affecting blood flow
- Fibromuscular dysplasia: artery walls thicken, narrowing lumen
- TMJ disorders: dysfunction or inflammation that can be mistake for claudication pain
- Tx outlet syndrome

### PMR & temporal arteritis

- Related inflammatory conditions: can both present w/ fever, fatigue, depressed affect, malaise, weight loss

#### **Polymyalgia rheumatica (PMR):**

- Non-specific pain, stiffness in shoulder & pelvic girdles
- Increased ESR rate
- Morning stiffness lasts 30-60 min
- Stiffness after prolonged sitting
- Severe pain in neck, shoulders & buttocks
- Can find it difficult to do ADL, overhead work, brush hair, walk stairs, etc
- Muscle tender to palpate
- NO weakness (unless muscles are atrophying)

#### **Temporal arteritis (giant cell arteritis):**

- Can lead to sudden blindness if left untreated
- Unilateral eye Sx: double vision, vision loss
- PMR Sx + headaches, tenderness of affected area of scalp
- Burning, stabbing sensation of Ha
- Jaw claudication is associated Sx, pain when chewing

### Myofascial trigger points

- Nodules in muscle tissue associated w/ localised pain, tenderness, referred pain
- Can be caused by injury, overuse, stress, or poor posture

#### **2 types:**

- **Active:** TTP, causing pain & discomfort locally or referred
- **Latent:** nodules present but not painful/uncomfortable unless pressure is applied

### Which muscles can refer pain to temporal area?

**Primary:**

- Trapezius
- Sternocleidomastoid (SCM)

**Secondary:**

- Temporalis
- Splenius cervicis
- Suboccipital group
- Semispinalis capitis

### Health implications for a pt who's had a full hysterectomy

- **Menopause:** if ovaries removed too, pts will go into menopause if they have not already done so; can lead to Sx: hot flashes, mood changes, & vaginal dryness
- **Infertility:** no longer fertile
- **Sexual function:** decreased sex drive; vaginal dryness &/or discomfort during intercourse
- **Urinary problems:** incontinence; UTIs
- **Increased risk of heart CV disease:** due to change in hormone levels
- **Increased risk of certain cancers:** (e.g. ovarian cancer) due to the removal of the ovaries



By **bee.f** (bee.f)  
cheatography.com/bee-f/

Published 23rd February, 2024.  
Last updated 15th May, 2023.  
Page 2 of 4.

Sponsored by **ApolloPad.com**  
Everyone has a novel in them. Finish  
Yours!  
<https://apollopad.com>