



## WesternOrthopaedics

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# When to Review Your Diagnosis



I will present two recent cases where the diagnosis turned out to be completely different.

In July 2013 I saw a 61 year old diabetic male with a painful shoulder. His background of diabetes, clinical findings seemed to be consistent with frozen shoulder. He was therefore referred for an ultrasound guided injection into the gleno-humeral joint. He got good response to the injection and his ROM improved and this was followed by physiotherapy. He returned in September with increased pain and irritability of the shoulder. A repeat injection was of no benefit this time. Therefore I reconsidered the diagnosis and ordered a bone scan. The bone scan showed increased uptake in the head and neck region as well as in ribs, lower spine etc.



Normal Xray



Bone Scan

Subsequent investigations showed multiple lesions in both lungs as well as confirming a large mass in the shoulder.



CT and MRI Shoulder showing lesion

The investigations were consistent with Bronchogenic Carcinoma with bony metastasis and he has been referred to the oncologists for further care.

A 52 yr old lady had presented with symptoms and signs consistent with a frozen shoulder. She was referred for CT guided injection and the CT picked up a lytic lesion in the head. Subsequent investigations and biopsy showed an adenocarcinoma of the lung with metastasis.



CT showing a lytic lesion in the head and neck of humerus.



MRI shoulder showing lesion in and outside head and neck of humerus.

In medicine the process of arriving at a diagnosis is through taking a careful, detailed history, examination and appropriate investigations. After collating all these, a list of differential diagnosis is arrived at.

The most likely diagnosis is at the top of the list and least likely is at the bottom. These two patients presented within three months of each other where their clinical presentation did not fit in with the most likely diagnosis and therefore had to be revised.

Whenever our initial diagnosis doesn't respond to the appropriate treatment or behave as the diagnosed condition should, we need to be ready to revisit our initial diagnosis and consider the lesser likely diagnosis.

**Nepean**  
Nepean Private  
Specialist Centre  
(Primary Practice)  
Suite 13B, Level 3  
1A Barber Avenue  
Penrith, NSW 2750

**Sky City**  
Suite 116, Level 1  
20B Lexington Drive  
Norwest Business Park  
Baulkham Hills, NSW 2153

**Lithgow Community Specialist Medical Centre**  
Great Western Highway  
South Bowenfels, NSW 2790  
Tel: (02) 6350 2550  
Fax: (02) 6350 2556

**Merrylands**  
21 Memorial Avenue  
Merrylands, NSW 2160

Tel: (02) 4731 8466  
Website: [www.westernorthopaedics.com.au](http://www.westernorthopaedics.com.au)  
Email: [info@westernorthopaedics.com.au](mailto:info@westernorthopaedics.com.au)  
[www.hipkneeshoulder.com.au](http://www.hipkneeshoulder.com.au)