澳大利亚 John Murtagh 全科病案研究（六）
——一例腰痛不断加重的中年男性患者

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【关键词】 腰痛；中年人；脊柱疾病
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DL 先生，62 岁，近 7 个星期腰部持续性钝痛，夜间加剧，且疼痛越来越强烈。近几天来，几乎变成昼夜持续性疼痛。

1 腰痛特点

1.1 损伤病史：无

腰痛部位和放射部位：疼痛在腰部中间位置，严重时向两侧臀部放射。

腰痛类型：持续性腰痛，夜间加重。

病状出现："在某一天", 腰痛在不知不觉中出现了。

腰痛加剧：在躯体运动或活动的时候腰痛加剧，如搬重物或收完花盆。

腰痛缓解：应用止痛剂后缓解。

其他有关症状：全身不适、疲倦、肌无力。最近体重减少 3 kg。

泌尿系统症状：尿频，夜间遗尿，排尿困难。

2 体查

检查腰部及脊柱。

望诊：步态和活动受限，有自我保护动作。姿态观察：腰椎前凸减少。

触诊：对 L4 ~ L5 脊椎进行中度和深度触诊。

运动观察：所有基本运动（弯曲、伸展、侧弯、旋转）。

受到限制，并有自我保护动作。

3 要解答的疑问

（1）可能的诊断是什么？

（2）对此患者来说，一定不能忽视哪些严重疾病？

（3）此患者有哪些复燃的症状和体征值得特别注意？

（4）还应做哪些重要的物理检查？

（5）哪些是最关键的和特异性的检查？

4 诊断与讨论

腰部疼痛的常见原因是脊柱关节的机械性疾病（脊柱功能障碍），可以伴有或不伴有骨关节炎。对这个患者来说，脊柱的急性病变是不能忽略的可能诊断。从以往的病史看，很可能有前列腺恶性肿瘤扩散到脊柱。应该进一步做详细的检查是经直肠的前列腺检查。还应做进一步的影像学检查（包括 X 线片和同位素扫描）。

最可能的诊断是前列腺恶性肿瘤。前列腺恶性肿瘤包括：（1）前列腺癌；（2）前列腺炎。

其他转移到脊柱的原发癌包括骨癌、甲状腺癌、恶性淋巴瘤。脊柱原发癌并不罕见。也有可能为骨髓系统的多发性骨髓瘤、淋巴瘤及骨肉瘤。

6 值得注意的检验项目和体征 – Red Flag

Red flag 是患者症状中提示严重疾病的体征或症状。这个患者的 Red flag 包括：（1）年龄大于 50 岁；（2）夜间和休息的时候持续性疼痛。3）体重异常降低。（4）其他系统的症状——尿路症状。

7 对患者的治疗

对于这个患者而言，预料非常好，因为恶性肿瘤已经转移到骨。患者将来需要接受有效的姑息治疗。需要把患者转诊到专家那里去。全科医生应该与专家合作来共同给这个患者提供服务。

译者注：Red flag 在这里并不是红旗的意思。它源于西班牙语，表示重要的、重要的事情。在这句话中的 Red flag 谕意为“重要和紧急的事情”。
A MIDDLE AGED MALE WITH INCREASING LOW BACK PAIN

John Murtagh

Case history

Mr DL, aged 62, presents because of persistent dull low lumbar back pain for seven weeks, worse at night and steadily becoming more intense. In recent days it has been present almost continuously - day and night.

Features of the pain;
History of injury: No
Site and radiation: Central lower lumbar - sacral, radiation into both buttocks when severe
Type of pain: Boring deep ache, continuous but worse at night
Onset: Insidious "just appeared one day"
Aggravation: Movement and activities such as lifting and gardening.
Relief: None apart from analgesics
Associated features: Malaise, fatigue, muscular weakness, recent weight loss of 3 kg, Urinary symptoms: increasing frequency, nocturia, difficulty starting and stopping urination
Examination: The lumbar - sacral spine was examined
Inspection: gait and movement - limited with protective movements
Posture: loss of lumbar lordosis
Palpation: mild tenderness to deep palpation over the spinous processes of L4 and L5
Movement: All basic movements (flexion, extension, lateral flexion and rotation) restricted and protective

Questions to consider
What is the probability diagnosis?
What serious condition must not be missed in this patient?
What 'red flags' or danger symptoms or signs are present?
What other aspects of the physical examination are important?
What are the key special investigations?

Diagnosis and discussion

Although the most common cause of low back pain is a mechanical disorder of the vertebral joints (vertebral dysfunction) with or without osteoarthritis the probability diagnosis in this patient is malignant disease of the spine which is the condition that must not be missed. From the history the most likely malignancy is carcinoma of the prostate with secondary spread to the spine. The remainder of the physical examination should focus on the prostate with a rectal examination. The chest, abdomen and urine should also be examined. This patient did have an enlarged, irregular knobby and hard prostate.

Appropriate special investigations would be a full blood examination, prostatic specific antigen (PSA), urine analysis and imaging studies (including plain X-ray and isotope scan).

Malignant disease in the spine

The most prevalent problem is metastatic spread from the following primary cancers
- Prostate
- Lung
- Breast

Other important primaries that metastasise to the vertebrae are kidney, thyroid and melanoma. Primary malignancy arising in the spine is not common but myeloma, lymphoma and sarcoma arising in bone are possibilities

Red flags

A red flag is a term used to describe a symptom or sign that point to a serious disease in the patient presenting with an illness.
In this patient the red flags were
- Age - over 50 (a major risk factor for any serious disease is increasing age)
- Constant pain - day and night
- Pain at night and at rest
- Unexplained weight loss
- Symptoms in another system - the urinary tract

Management of Mr DL

This is a very sad problem since the cancer has spread to bone and the patient is facing the difficult future of palliative care. He will require referral to specialists who will share the ongoing care with you - the general practitioner.

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