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Pain near solitary pulmonary nodule: a case report

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Introduction

Thoracic pain is common and has various etiologies. Patients with cardiac, pulmonary, and aortic origins mainly visit emergency department. Gastroesophageal reflux disease, pleuritis, herpes zoster, and musculoskeletal causes are usually not categorized as life-threatening. Malignant lesions of lung can cause thoracic pain, however pain associated with solitary pulmonary nodule (SPN) is not considered because more than 90% of SPN are detected as incidental findings. We report a case of thoracic pain of which site is near pulmonary nodule.

Case report

A 66-year-old female patient visit rehabilitation department with left upper back pain which was developed about 6 months earlier. Pain is located on medial side of scapula and on the upper thoracic level. Some tenderness was noted. No other symptoms are present. She and her husband were non-smokers, but her father died from lung cancer. Chest CT found 12mm-sized SPN in the left upper lobe of the lung and no abnormality in the bony thorax. Because her pain sustained even with medication, ultrasound-guided thoracic paravertebral space injection was done. After that the pain was decreased. However the pain still remained and was controlled with medication. Follow-up CT will be undertaken about 3 months later.

Conclusion

Although this SPN need to be confirmed by follow-up CT and even by biopsy, there was no other explainable causes for thoracic pain. Thoracic pain might be evaluated while thinking about the possibilities of SPN-related causes.