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RHEUMATOLOGY BOARD REVIEW MANUAL

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Soft Tissue Rheumatism

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Soft Tissue Rheumatism

Janet F. Burkholder-Krommes, MD

INTRODUCTION

The term *soft tissue rheumatism* encompasses a broad range of conditions that are characterized primarily by nonarticular pain. Some of these conditions are associated with inflammation, such as bursitis and tendonitis, while others are not associated with detectable pathologic changes, such as fibromyalgia and chronic fatigue syndrome. For both the general internist and the rheumatologist, the identification of specific soft tissue syndromes comprises a significant portion of daily patient care. This part of the *Rheumatology Board Review Manual* addresses the approach to patients presenting with nonskeletal pain.

CASE PATIENT 1

INITIAL PRESENTATION

A 41-year-old woman is referred to a rheumatologist by an orthopedist for evaluation of neck and shoulder pain. She has been diagnosed with rotator cuff syndrome but has not responded to intra-articular injection, nonsteroidal anti-inflammatory drugs (NSAIDs), or a prolonged course of physical therapy. She has difficulty localizing her pain, and says that it hurts "all over."

HISTORY

The patient is clearly frustrated and expresses concern that "something is seriously wrong." She has brought with her multiple imaging studies for review as well the results of a number of laboratory tests. The radiographs of the cervical spine show mild straightening of the lordotic curve and minimal degenerative changes. A magnetic resonance imaging (MRI) scan of the right shoulder and plain films of the thoracic and lumbar spine are unremarkable.

Her past medical history is notable for diagnoses of irritable bowel syndrome and seasonal allergies. She has worked as a jewelry designer and fabricator for nearly 20 years. She smokes one pack of cigarettes per day and drinks socially. When she was 25 years old, she was in a significant motor vehicle accident in which her car was rear-ended by a tractor-trailer. Medications include a nonsedating antihistamine and an oral contraceptive. She admits to taking multiple over-the-counter medications, including St. John's Wort, glucosamine/chondroitin, vitamin E, and a "bunch of B vitamins."

PHYSICAL EXAMINATION

On examination, the patient appears somewhat anxious. Her vital signs are within normal limits, and the general medical examination is unremarkable. There is marked limitation in active range of motion in both shoulders and the cervical spine. Other joints have normal active range of motion. Spurling's maneuver (vertical compression on the head, which causes radicular symptoms in the setting of cervical disc disease) is negative. Passive range of motion of the shoulder joints is virtually normal, although there is some resistance to movement. A careful neurologic examination is normal. Palpation of the upper trapezius muscle causes pain in the lower occiput, and palpitation of the subscapularis muscle causes pain that radiates down the arm and into the fourth and fifth fingers. A careful search for trigger points demonstrates pain in the occipital, low cervical, trapezius, and supraspinatus areas, but no others.

- **What entities should be considered in the differential diagnosis?**

DISCUSSION

Differential Diagnosis

Neck disorders. The differential diagnosis in this patient includes disorders that affect the neck and shoulder in a primary fashion. A combination of upper and lower extremity motor and sensory symptoms are manifestations of serious problems involving the cervical spine with compromise of the cord by a prolapsed disc or cervical instability (eg, rheumatoid arthritis). Patients with significant cervical compromise may complain of numbness, tingling, or a pricking sensation in the hands and arms and may experience weakness and loss of fine motor skills. Gait disturbances and falling may occur. Osteoarthritis of the cervical spine can produce diffuse

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