



**When are BPH symptoms not BPH? The importance of good history taking**  
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**Case:** A Palliative Care consult was requested for help with support and mood. JY is a 58-year-old man whom the palliative care service was asked to see for help with depression, as he had been crying this morning.

JY was admitted to the hospital 3 days ago, after presenting to the emergency room with urinary retention. He had noted increased frequency of urination and decreased stream for the past several weeks, especially at night. His inability to urinate culminated in his presentation to the ER. A foley catheter was placed and 1.5 L of urine was drained. During this admission, urology was consulted. They performed a prostate exam and began an oral anti-BPH medication to help with urination. When seen by the Palliative Care consultant, the foley catheter was still in place.

JY had noticed an increasing mass in his axilla for the past several months. A biopsy was performed just several days prior to admission. Once he arrived at the hospital, he was told that he had metastatic cancer. Admission scans revealed disease in his brain, liver and lungs.

On further discussion, JY reported constant pain in his low back, in a belt-like distribution. He had been taking vicodin in the hospital, and it helped to take the edge off of the pain. Although he believed he had the pain for a while, he related it becoming more noticeable 2 weeks ago after a fall while he was doing repairs on his home. In addition to the constant ache, he described spasms of pain in his back when sneezing, coughing or with sudden movement. The pain might also occur without warning and could wake him from sleep. He has been able to walk without difficulty and reported no change in sensation in his extremities. In fact, he was still working 2 jobs, one as a contractor.

Although he had a great appetite, he reported a 20 lb weight loss over the past 3 months. He also expressed some puzzlement over his decreased amount of stool output, given the large quantities of food he was ingesting. He reported a very small bm this AM. He denied any nausea or symptoms of early satiety.

On physical exam he appeared to be a thin male in no acute distress. Lower lumbar spinal and paraspinal tenderness were present. He was able to get up from the bed on his own and walk around the room. His affect was full with appropriate tears at times. He had no confusion.

When asked why he had been crying, JY stated he was overwhelmed with everything that was happening and realized that his life was going to change because of the widespread cancer.

**Discussion:** JY presented with several complaints that were evaluated in isolation: constipation, urinary retention and back pain. Different therapies were ordered for each: bowel regimen, foley catheter and BPH med, and opioid analgesic, respectively. Viewing the symptoms this way not only resulted in inadequate symptom control, but delay in diagnosis. Delay in diagnosis is not uncommon, as there may be months from the onset of back pain until the development of neurological symptoms. Taken together, however, these signs and symptoms are very concerning for metastatic epidural spinal cord compression (MESCC), considered an oncologic emergency. Early recognition of this syndrome is important to try and limit or reverse permanent damage to the spinal cord and impact on the person's life.

In addition to providing emotional support to JY, the palliative care consultant's careful history taking facilitated an aggressive investigation and appropriate treatment that went beyond the initial reason for the referral.

**Back to the case:** Given the consultant's concern for MESCC, steroids were started to decrease edema in the spinal cord, in case the suspicion for MESCC was confirmed. An MRI was ordered and revealed replacement of his conus medualris (part of the spinal cord) by tumor. Since the patient had not been treated for his cancer yet, options of surgery vs. XRT were discussed.

JY's sadness seemed an appropriate response to the news that he had advanced metastatic cancer. The Palliative Medicine consultant was also able to reassure the patient that there was a reason for his urinary retention, constipation, back pain, and frequent impotence. The Palliative Care team continued to follow JY throughout this admission and subsequent ones.

**References:**

1. Abrahm JL, Banffy MB, Harris, MB. Spinal Cord Compression in Patients with Advanced Metastatic Cancer: "All I Care About Is Walking and Living My Life." JAMA 2008; 299(8): 937-946.

For palliative care consultations please contact the Palliative Care Program at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, beeper 412-647-7243 pager # 8513 or call 412-623-3008, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644-1724, Interventional Pain 784-4000, Magee Women's Hospital, beeper 412-647-7243 pager #: 8510, VA Palliative Care Program, 688-6178, beeper 296. Hillman Outpatient: 412-692-4724. For ethics consultations at UPMC Presbyterian-Montefiore, and Children's page 958-3844. With comments about "Case of the Month" call David Barnard at 647-5701.



## CompassionateCareForAll.org Goes Live!

The Coalition for Quality at the End of Life (CQEL) in cooperation with the Institute to Enhance Palliative Care at the University of Pittsburgh launched the website, [CompassionateCareForAll.org](http://CompassionateCareForAll.org) on April 2, 2010 to provide palliative and hospice care resources for patients and families in our region facing serious illness or the end of life.

This online resource has been made possible through the generous support of Southwestern Pennsylvania community member and business leader Laura Huch Kerckhoff.

[CompassionateCareForAll.org](http://CompassionateCareForAll.org) is a website for anyone in Southwestern Pennsylvania who has a serious, life-threatening illness, or who cares for someone who is seriously ill. It is a guide to palliative care resources that are available right now and close to home, that can help people live as fully and as actively as their illness permits, help ease the burden on family caregivers and friends, and help make the unavoidable difficulties and sadness of life-threatening illness less lonely and easier to bear.



A screen shot of the home page of [CompassionateCareForAll.org](http://CompassionateCareForAll.org)— with easy-to-use navigation buttons to access the different resources this site has to offer.



A screen shot of the Regional Resource Directory—site visitors can search by key word or phrase or they can specify their search through selecting a service category and geographic location.

This site is a guide to the help individuals need in facing the physical symptoms of illness such as pain, breathing problems, or tiredness, as well as with psychological, emotional, financial, and spiritual concerns.

There are also services and agencies to help with the practical matters of everyday life—shopping, cleaning, getting to doctor and hospital appointments, taking out the trash—that can be much harder to manage when someone is sick or caring for someone else 24/7.

There are three resource sections of this website.

1. Regional Resource Directory: This directory allows the visitor to search the listings by county in Southwestern Pennsylvania, to find service providers that are closest to him or her.

2. Articles and Resources: These descriptions of service areas are written by experts in the field of end-of-life and hospice care, which serve to provide users with information on a particular subject as well as connect users to additional resources.

3. National Resource Directory: These national sites provide a wealth of additional information that the searcher can use to decide what help he or she may need, and will suggest questions he or she can ask local providers to make sure that the help they offer is right for the searcher.

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