**Current Admission**

Referred from OPS for the following:

*Back pain 1-2 months*

*- No preceding injury*

*- No rest pain or night pain*

*- No numbness/weakness*

*Lost 5kg past 1 month 84kg > 79kg*

*Also loose stools 2x/week x 1-2 months*

*- No bleed in stools*

*- Usually baseline constipated, lately more soft*

*Loss of appetite x 1-2 month*

*Also noted easy bruising*

*Also noted right hip fullness/swelling x 6 months*

*Told doctor few months ago when it was smaller, told to observe*

*Occupation: store worker*

*grandparents colorectal Ca*

Noted ED clerking with thanks

*1. lower back pain*

*Denies fever, trauma*

*Denies limb weakness/ numbness, incontinence*

*Work as a packer is also not strenuous*

*2. LOW 5kg*

*LOA*

*Denies chronic cough, night sweats*

*Denies smoking*

*3. Altered bowel habits*

*Baseline constipated to normal*

*soft loose stools daily x1, x2/7 each week x2 each day*

*Denies PR bleeding, melena*

*Denies abdominal pain, vomiting*

*Denies jaundice, tea colored urine, pale stools*

*4. Easy bruising over body*

*5. B/L hip worsening swelling*

History Revisited in Ward:

1. Lower back pain x 1/12

- Gradual onset, worsening

- No preceding trauma

- Localised over lower back region

- No radiation down legs

- Sharp pain

- Says that pain is primarily when she is lying down in same position at rest for too long

  > However, pain does not wake her up at night from sleep

  > A/w morning stiffness and exacerbated with movements, but with continued movements, pain gets better

- Present daily

- Pain score 8/10 at worst, improves with analgesia (given by GP at her house, unsure what medication name is)

- No lower limb weakness nor numbness however,

- No issues passing urine nor motion

- No other joint paints

- No oral ulcers

- No rashes

- No red eyes, no eye pain

- Has hair loss but not more than usual

- No fever nor night sweats

2. LOW and LOA

- Unintentional

- Measures weight and also feels subjectively thinner (around 5kg over past 2 - 3 months)

- No palpitations

- No tremors

- Has recent change in motion - having diarrhoea around twice a week nowadays

- No heat intolerance

- Reports chronic dry cough for past 2 months

- No history of smoking

- No haemoptysis

- No dyspnoea nor chest discomfort at rest, but has reduction in effort tolerance

  > Usually can walk 2 bus stops distance (to market) without issues

  > But in past 2 - 3 months (preceding back pain) has been dyspnoeic, lethargic, giddy and sweaty with same levels of exertion. Denies chest pain during these episodes however

- Has family history of malignancy

- Has done mammogram and pap smear before - was told they were normal

3. Easy bruising

- Noticed around 2 - 3 days ago

- Completely atraumatic

- Bruises over bilateral arms, legs and on abdomen

- No other bleeding manifestations

  > No PR bleed nor melena

  > No haematuria

  > No epistaxis

  > No gum bleeding on brushing teeth

- Does not live in dengue red zone

- NO family nor personal history of bleeding issues

4. Bilateral hip swelling

- Feels that bilaterally having increase in swelling

- Previously told by polyclinic that it was adipose tissue, but gradually increasing in size

- Not causing any symptoms otherwise - no pain, no restriction in joint movement

**Objective**

Vitals

|  |
| --- |
| Vital Signs |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

* BP: 140/85 130/80 142/86 125/79
* Pulse: (!) 98 88 92 89
* Resp: 16 16 16
* Temp: (!) 35.5 °C 36.2 °C 37.0 °C
* TempSrc: Tympanic Tympanic Tympanic
* SpO2: 98% 98% 96%

Afebrile

Haemodynamically stable

On room air

O/E

Alert comfortable

Not toxic looking

Not in respiratory distress

GCS 15

Not diaphoretic

Heart S1 S2 nil murmurs

Lungs clear to bases

Abdomen soft, non tender

No guarding nor rigidity

No palpable organomegaly

Calves supple

No pedal oedema

No midline spinal tenderness nor step deformities

No bruises nor swelling

No overlying skin changes

Localises back pain to above SI joint - currently no tenderness on palpation

Lower limbs examined

Power 5/5 bilaterally in proximal and distal muscle groups

Sensation preserved

Bilateral hips examined - localised swelling, soft - firm

Feels like adipose tissue

Non tender

No overlying skin changes

Bilateral hips ROM full

No supraclavicular, axillary, inguinal LNs on palpation

DRE done in polyclinic: soft brown stool no bleed no masses

DRE in ward: empty rectum no masses, no bleeding, anal tone intact, no saddle anaesthesia

Breast exam done: no nipple distortion, discharge, skin changes, no masses felt, no axillary LNs

Neck no goitre

No exophthalmos

No tremor on outstretched hands

Scattered old bruises over bilateral forearms, left lower abdomen, right lower limb

No petechiae

**Issues and progress**

**1. Newly Diagnosed Gastric Adenocarcinoma with Marrow Involvement**

* Initially admitted for evaluation of lower back pain, unintentional weight loss (5kg in 3 months), chronic dry cough, altered bowel habits, and easy bruising.
* Workup confirmed gastric adenocarcinoma with bone marrow involvement and features of marrow crisis.
* Transferred to Medical Oncology for further management and treatment planning.
* Reported progressive fatigue, back pain, and malaise contributed to decreased ability to ambulate and perform daily activities independently.
* Pt reported significant emotional distress noted following cancer diagnosis, with increased anxiety and depressive symptoms.

**2. Low back pain 2’ Marrow Infiltration from Gastric Adenocarcinoma**

* Back pain worsening throughout admission, described as sharp and localized over the lower back, exacerbated by prolonged rest.
* Initially reported pain score of 8/10, which was partially relieved with analgesia.
* Pain management involved a stepwise analgesic approach, including paracetamol, NSAIDs (if tolerated), and opioids for severe breakthrough pain.
* Despite medical optimization, pain persisted and contributed to reduced mobility and difficulty in performing usual activities.

**3. Functional Decline & Reduced Mobility**

* Pre-morbidly independent, able to walk 2 bus stops without difficulty.
* During admission, progressive fatigue, pain, and general decline led to reduced mobility and increased dependence.
* On discharge, mobility impaired to the extent that walking required greater effort and assistance.
* ADLs affected due to weakness and pain, requiring support with dressing and ambulation.
* Referred for outpatient rehabilitation post discharge

**4. Anxiety & Emotional Distress**

* Diagnosis of advanced malignancy and progressive functional decline contributed to increased anxiety and depressive symptoms.
* Expressed concerns over prognosis and physical limitations.
* Psychological support initiated, with discussions on coping strategies.
* Memo to GP written for support post discharge