

## Fibromyalgia, Modified Symptoms And Solution Paradigm (Medical Case)

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### Abstract

The diagnostic process in medical practice encounters difficulties in connection with the so-called modified symptoms. Often the disease is not properly diagnosed and symptomatic treatment is prescribed. With this scientific work, an attempt has been made to create a rule for the diagnosis of the rarely diagnosed disease "Fibromyalgia". A case of a sixty-four-year-old patient with a disc herniation-like pain syndrome was examined. Clinical thinking is represented by a general rule / paradigm composed of four elements: a description of the specifics of each symptom; aspects of the diagnosis: what is and what is not; the symptoms forming a whole; analysis of small deviations and nuances - a way of accurate diagnosis. The paradigm was developed for the disease "Fibromyalgia", referring specifically to the observed case.

**Key words:** fibromyalgia, paradigm, depression, pain, modified symptoms.

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### I. Introduction

In diagnostic practice, there are so-called modified symptoms, as well as overlapping ones. They make it difficult to identify a disease and are often confused with the closest diagnosis or remain undiagnosed, progress or prescribe symptomatic treatment.

With this scientific work, an attempt has been made to create a rule for the diagnosis of the rarely diagnosed disease "Fibromyalgia" by presenting a specific case from medical practice.

#### Objectives for study

1. Analysis of atypical pain in fibromyalgia;
2. Recognition of symptoms;
3. Creating a paradigm for the diagnosis of fibromyalgia.

A sixty-four-year-old patient, a woman examined at home by emergency physicians.

**Medical history:** sudden pain at rest, of a permanent nature, with localization in the lower back, bilateral, but more in the left lumbar region, intensifies with minimal movement, without radiation. The pain arose when waking up early in the morning. The patient cannot get out of bed.

**Objective status:** Afebrile and hemodynamically stable: RR 140/90, Puls 72 / min. Expressed anxiety, to panic attack. Move both limbs in bed.

Neurological status normal, with deep and superficial sensitivity preserved. Presence of pulsations on a. poplitea bilateralis, a. dorsalis pedis bilateralis and a. femoralis bilateralis. The lower limbs are warm and mobile. There is no morning stiffness of the limbs. The pain was affected by anti-inflammatory drugs – Reopyrin ampula. Five ampoules of five milliliters were administered, one daily, intramuscularly. Also, tranquilizers and sedatives were used. The pain completely disappeared after two days, and after the second ampoule the pain decreased. After two days the patient was able to work.

### II. Discussion:

The patient's life history and family history show a hereditary component of the father's disc herniation. Tonsillitis and tonsillectomy are common in childhood. Experienced stroke at the age of twenty, probably due to an aneurysm. A prophylactic examination revealed a slight increase in AST of about 200 U / l, also high CRP values.

The key point in clinical thinking is "low back pain". With regard to the pain syndrome, acute arterial insufficiency, stroke, rheumatoid arthritis and disc herniation were discussed in the differential diagnostic aspect.

The closest diagnosis is Herniated discalis. The onset of pain at rest and the lack of irradiation to the heel or toes of the dermatome, rejects this hypothesis. The presence of rheumatoid arthritis should also be included in the differential diagnosis. The lack of stiffness, as well as the lack of involvement of small and medium joints rejects this hypothesis. The presence of pulsations of the large and small arteries of the lower extremities, warm and preserved skin color, rule out acute arterial insufficiency.

The effect of antipyretic and tranquilizer pain, as well as the history of frequent tonsillitis with subsequent tonsillectomy, points to the presence of rheumatic and mental component (hidden depression). The two components can be linked and are seen in Fibromyalgia. The disease is rarely diagnosed and unexamined, and unknown to many physicians.

The case describes a modified symptom in the elderly. Modified symptoms are experienced differently by patients. In this case, our own (from the doctor's experience) paradigm was used for diagnosis. The paradigm is made up of four main steps, which are

- Description of the specifics of each symptom;
- Two aspects of the diagnosis: what is and what is not;
- Symptoms form a whole that represents the diagnosis with a logical connection and sequence
- Analysis of small deviations and nuances - a way for accurate diagnosis.

In the observed case, a modified symptom is lumbar pain. Its characteristic does not coincide with the characteristics of the symptom of pain from the diseases specified in the differential diagnosis. The presence of a mental component in the field of rheumatic disease, led to the disease "Fibromyalgia".

### **III. Conclusion:**

Fibromyalgia is a poorly studied disease condition that presents with nonspecific symptoms that occur against the background of rheumatic preexposure combined with the patient's depressed state.

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