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**Do not simplify chronic shoulder pain, it can be a sign of bad news**

**Introduction:** Cancer is very life threatening condition, early diagnosis is a key point of care to reduce mortality and morbidity. That is why any sign that you can not explain with common conditions should be investigated in different aspect. Distant metastases of primary malignancies to the skeletal muscle tissue are a very rare. Deltoid muscle metastasis of any cancer is even more rare than other muscle, there is only one case showed metastasis to deltoid so far (1).

**Case presentation:**This is a 64 year old AAF patient with a past medical history of CAD S/P 2 stents placed in RCA one year ago, T2DM, HTN, Hepatitis C, gout, hyperlipidemia, first time presented to the ED complaining of left shoulder pain. She managed as arthritis at this time with NSAID. Two year prior all those, she had chest pain and CTPE done showed scattered bilateral pulmonary nodules. The largest is in the left upper lobe and measures 9 mm. Follow up CT is recommended. Patient failed to follow up. She has been seen by orthopedist as well for this shoulder pain, blamed on rotator cuff injury. 3 months later after ED visit, she presented with the same complaint to her PCP office without reliving with NSAIDs usage. On physical examination, left shoulder restricted ROM, minimally tender. Her PCP ordered MRI for shoulder pain that showed left upper lobe pulmonary nodule with adjacent pleural thickening, highly worrisome for malignancy. There is a 2.5 x 2.0 x 3.8 cm lesion in the middle belly of the deltoid muscle, worrisome for metastatic disease. Pt admitted for further investigation for metastatic cancer. During hospitalization, CT of lower extremity showed faint ring density measuring 1.9 cm at the right gluteus muscle most suspicious for intramuscular metastasis. CT scan of chest showed two enlarging left upper lobe nodules compatible with primary lung malignancy + Single enlarged ipsilateral mediastinal lymph node is compatible with nodal metastasis increased to 2 cm in size versus previous one. Ultrasound-guided needle biopsy of left shoulder mass showed metastatic poorly differentiated squamous cell carcinoma from lung, IHC for CK7 positive, CK5/6 positive, P63 positive, CK20 negative, TTF-1 negative . Pathology report shows high expression for PDL1 (90%) and started on keytruda with pain and palliative care.

**Conclusion:** Simple shoulder pain can mislead you for missing definitive diagnosis that can very bad outcome if you are not able to diagnosis due to anchoring heuristic approach shoulder pain. As a physician, we need to be very cautious by looking the whole picture why patient keep coming with the same complaint even though you treating her and also it is very important to look at previous imaging study in different as aspect to reevaluate the patient again with their present complaints.