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# Differential Diagnosis in Upper Back Pain

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## Introduction

Upper back pain (UBP) is the pain experienced at the thoracic spine region. Spinal pain prevalence is 66 per 100 people and15% them is UBP. Although it is so frequent, it is less studied than neck or low back pain.It can be seen at any period of life, from childhood to elderly.This article briefly describes differential diagnosis in UBP.

## UBP characteristics

UBP may be acute (<4 weeks), subacute (4-12 weeks) or chronic (>12 weeks) and it may have mechanical (related to use), inflammatory (stiffness) or neuralgic (paresthesia) pain characteristics. But presence of the red flags (progressive pain, fever, weight loss, malignancy,immunosuppression, drug abuse, serious neurological symptoms) must always be questioned.

## Differential Diagnosis

Thoracic spine is connected to the rib cage and less mobile than cevical or lumbar spine. This structure makes the upper back less vulnerable to strains and sprains. But sustained overload to ligaments or muscles, as seen in postural alterations and work- related disorders, may cause UBP frequently. Another common source of UBP is myofascial pain syndrome and the most affected muscles are the trapezius, supraspinatus and rhomboid [1]. Spinal deformities (scoliosis, kyphosis), thoracic spondylosis, stenosis, disc herniations and osteoporosis are the other reasons that can cause mechanical UBP.

Spondyloarthropathies involve upper back besides of the low back region and they produce inflammatory UBP. It has incidious onset and improves with exercise [2]. Infectious diseases also affects thoracic spine and localized pain, tenderness, fever and neurologic deficits maybe found in clinical findings [3]. Primary or metastatic thoracic tumors can cause persistent, progressive UBP that get worse at nights.

Anamnesis is very important in musculoskeletal diseases. Detailed history taking and proper laboratory/ imaging studies usually lead to right diagnosis in patients with UBP.

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