

30 YO MALE P/W CHRONIC COUGH  
WEIGHTLOSS AND A 1 DAY H/O FEVER

**Dx** [ VIRTUAL MORNING REPORT ]

# CHRONIC COUGH

INVESTIGATE THE SYMPTOMS

COLLECT CLUES

PUT IT TOGETHER

**Hx** CHRONIC COUGH  
+

FEVER & WT. LOSS → INFLAMM.

- INFECTION
- MALIGNANCY
- AUTOIMMUNE
- DRUGS
- ENDOCRINE

**Px** CVS: NO MURMURS/IE STIGMATA  
RS:

↓ BS - ? PLEURAL EFFUSION

CRACKLES (+) - FILLING OF ALVEOLI  
ATELECTASIS ← BLOOD WATER PUS CELLS

ASymm. CHEST WALL EXPANSION -  
? EMPYEMA

CHEST TENDERNESS - ? COSTOCHONDRITIS

**VITALS:** HR: 110 RR: 28 SpO<sub>2</sub> 88%

↑ HR - ? HYPOXIA ? ↓ SV

**LABS:** PLT. ↑ 476  
WBC ↑ 19

- THROMBOCYTOSIS - CHRONIC INFLAM. MARKER
- LEUKOCYTOSIS - 1° v/s 2°  
REACTIVE >> CLONAL (8:1)
- INFECTIVE (REM: INSIDE!)
  - INTRACELLULAR - TB
  - ABSCESS
- AUTOIMMUNE
  - SERO-VE (IBD, VASCULITIS, SARCOIDOSIS)
- IF NOT NEUTROPHIL PRED,  
↑ EOSINOPHILS - FUNGAL, PARASITIC  
ADRENAL INSUFFICIENCY
- ↑ GAMMA GAP - POLYCLONAL Ig  
- HEP B, C, HIV
- ↓ MCV - MICROCYTIC ANEMIA

**IMAGING:** OSTEOMYELITIS w/  
ABSENCE OF DISC INVOLVEMENT  
REM: DISC SPACES ARE NOT VASCULAR  
ABSENCE OF INVOL. - ? MALIGNANCY

ANATOMICAL APPROACH:

LUMBAR: STAPH.

THORACIC: ATYPICALS - SALMONELLA  
TB, BRUCELLA, ACTINOMYCES

A NOTE ON β-D GLUCAN: CELL WALL  
MARKER - FUNGI

EXCEPT, YEAST - CRYPTOCOCCUS  
MYCOSIS - BLASTOM  
MOULD - MUCOR

↑ β-D GLUCAN

**FUNGAL PNEUMONIA**  
COCCIDIOIDOMYCOSIS!