7/23/20 Morning Report with @CPSolvers

Case Presenter: *Austin Rezigh (@RezidentMD)* ***Case Discussants:*** *Gurleen Kaur (@Gurleen_Kaur96) and Noah Rosenberg (@nsrosenberg)*

CC: Syncope

HPI: 40 M, felt light headed and lost consciousness while working at a construction site. Recalls experiencing chest pain and tinnitus before the episode.
No bowel/bladder incontinence or tongue biting.

% Similar episode 1 month ago.

Complains of worsening of shortness of breath. Reports taking double dose of oxycodone (10mg) on day of presentation.

PMH: HTN, Sleep apnea (unable to tolerate CPAP, Rx UPPP surgery), Chronic back pain

Meds:
Oxycodone
Ibuprofen
Cyclobenzaprine
Losartan

Fam Hx: No pertinent history

Soc Hx: Works on construction site, lives with wife

Allergies:
No known allergies

Vitals: T: 36.3 C **HR:** 130 **BP:** 115/75 **RR:** 18 **SpO_2:** 87% on RA
Exam:
Gen: Anxious appearing, mild distress
HEENT: Normal
CV: Tachycardia, S1, S2 + no murmurs
Pulm: B/L lungs normal vesicular breath sounds, no added sounds
Abd: No tenderness or palpable organomegaly
Neuro: Normal exam - motor, sensory, CN, cerebellar
Extremities/Skin: MSK - midline lumbar tenderness (no change from before). Multiple 0.5cm eschar papules along his extremities

Notable Labs & Imaging:
Hematology: CBC: Normal
Chemistry:
Na: 140 K: 4.4 Cl: 106 CO2: 23 BUN:21 Cr: 1.4 glucose:107 Ca: 9.3
Anion Gap: N, LFT: Normal
Lactate 4.7, Troponin 1.1
Urine Tox: + Opiates
Blood Culture -ve, HIV, Viral Hep -ve
Auto-Ab -ve
Imaging:
EKG: Sinus Tachycardia, with evidence of R heart strain
CT PE- No PE, dilated main Pulm A, enlarged R ventricle, diffuse micronodules across B/L lungs
V/Q scan - no evidence chr. Thromboembolic disease
ECHO: Normal LVEF, Enlarged RV with reduced systolic F, flattened V septum, Bubble study -ve, no vegetations/valvular abnormalities
R. Heart Cath: PA mean pressure 28, PCWP 4, Reduced PA Pressure with O2 and Nitric oxide

FINAL Dx: Talc granulomatosis

Problem Representation:
40 M construction worker w/ chronic back pain Rx opiates P/w syncope, multiple eschar papules, sinus tachycardia, enlarged RV, diffuse lung micronodules and PA hypertension

Teaching Points (Andrea):

- Syncope: Make sure it is not something else (hipoglicemia and seizure) It is important to have the vitals close to event. It can be already compensated. Types: Cardiac (usually no prodromos), Vasovagal, orthostatic (medication causes)
- Atrial myxoma: Intermittent obstruction
- SOB: anatomically: heart (myocardium, pericardio, valves, coronary vessels, electricity) lungs (airway, alvela, interstitium), pleura, increase in abdominal pressure
- Aortic stenosis, PHT, PE can cause syncope
- Low saturation but respiration rate does not increase: There may be a problem in the chest wall, muscular problem, central problem, neck
- Tachycardia: sinus vs arrhythmia? To address cause
- Elevated Troponin: decrease in supply (MI), increase in demand (PE)
- Infection that cause diffuse nodules: miliary TB, histoplasmosis, blasto
- CT: is very poor to measure right sided pressure
- PAH: 5 types of causes
  1 Idiopathic, scleroderma,
  2 LEFT sided disease
  3 Pulmonary hypoxia (ILD, OSA,COPD)
  4 Chronic thromboembolic PH
  5 Miscellaneous
- Construction: Fungal and bacterial infection
- Talc granulomatosis: Disease of the lung due to IV administration of insoluble particles of talc and other materials, commonly illegal drugs and prescription drugs meant for oral administration.