8/24/20 Morning Report with @CPSolvers

***Case Presenter**: Austin Rezigh (@RezidentMD)* ***Case Discussants**: Joshua Morris (@JoshMedPeds) and Rachel Anderson (@medrachel)*

CC: Chest pain

HPI: 40F chest pain for last 3 months. Left sided sharp worse when she takes a deep breath. It got worse during last days. No trauma. Fatigue, SOB, non productive cough, no fever, chills, no weight loss.

PMH: None

Meds: None

Fam Hx: None

Soc Hx:
Born in east africa. Moved to US 1 year and half ago. 10 months in refugee camp. Works as custodian

Health-Related Behaviors:
No drug, no alcohol

Allergies: None

Vitals: **T**:37.2 **HR**: 85 **BP**: 107/63 **RR**: 18 **SpO_2**: 98

Exam:

Gen: Thin appearing woman, no acute distress

HEENT: unremarkable

CV: RRR, no murmurs, or rubs

Pulm: Decreased breath sounds in left posterior base, no adventitious sounds

Abd, Neuro, **Extremities/Skin**: Normal

Notable Labs & Imaging:

Hematology:
WBC, HgB, Plt: Normal

Chemistry:
Metabolic panel: normal
D-dimer, troponin: normal

Imaging:
EKG: Normal sinus rhythm, no changes
CXR: Absent lung marking in left lung with small layering effusion
CT w contrast: R upper lobe bronchial ectasis, near left lung destruction with cavity
Bronchoscopy: Appearance grossly normal, pink, secretions
Cultures: negative
Fungal cultures: *Aspergillus fumigatus* greater than 100
Final Dx: Cavitary Aspergillosis
Patient treated with Fluconazole

Problem Representation:
40F p/w subacute chest pain and SOB. She recently immigrated from East Africa. Imaging revealed left cavitary lung lesion. FInal Dx was cavitary aspergillosis

Teaching Points (Priyanka):

- **Chest Pain: Emergent causes- 4+2+2** (cardiac- ACS, AD, tamponade, takotsubo; pulm- PE, PTX, esophageal- rupture, impaction). **Anatomical approach**- increased pain with inspiration → pleuritis; lung - diaphragmatic hernia, MSK, Skin, Neuro
- **Chronic chest pain also applies to 4+2+2! -** ACS (unstable angina), constrictive pericarditis, AD - can present days/weeks s/p episode. Chronic PE/ PTX
- **Causes of decreased breath sounds-** fluid, air, mass in pleural space
- **Pleural effusion- transudative causes** (heart, liver, kidney, vascular, low protein fluid); **exudative** causes (subacute infectious cause- TB, viral, parasites, fungal; parapneumonic effusion, malignancy)
- **Cavitary Lung Lesion:** (**subacute/atypical org**- mycobacteria TB, other fungal Infection- aspergillosis, mucor, cryptococcus); **Malignancy** (squamous cell carcinoma), **autoimmune** (GPA, RA)
- **Cavitary Lung Lesion Mimickers**- increased suspicion with indolent time course/ center of gravity @ the lung- ie: **cystic bronchiectasis** - chronic obstruction of the airway specifically in the alveolus