



# 10/14/20 Morning Report with @CPSolvers



Case Presenter: Hassan Raza (@hrazaz222) Case Discussants: Rachel Pauley (@RachelPauleyIM) and Mario Suito (@mariosuitofmd)

<p><b>CC:</b> Chest pain</p> <p><b>HPI:</b> 40 woman p/w R sided pleuritic chest pain + non productive cough since 3 weeks. 1st episode 3 wks ago while resting at home, right sided radiating to back, constant that did not worsen with exercise, followed by development of non productive cough. 2 days before admission had another episode.</p> <p>No fever chills, nausea/vomiting diarrhea</p>	<p><b>Vitals:</b> T: 37.1 HR:83 BP: 126/81 RR: 17 SpO<sub>2</sub>: 95% RA</p> <p><b>Exam:</b></p> <p><b>Gen:</b> No acute distress</p> <p><b>HEENT:</b> Nothing significant, no LAD, JVD, thyromegaly</p> <p><b>CV:</b> Normal</p> <p><b>Pulm:</b> R. basilar decreased BS, No added sounds</p> <p><b>Abd:</b> Normal</p> <p><b>Neuro:</b> Normal</p> <p><b>Extremities/Skin:</b> Normal</p>	<p><b>Problem Representation:</b></p> <p>Middle aged woman p/w subacute right sided chylothorax and diffuse pulmonary cysts.</p>	
<p><b>PMH:</b></p> <p>Prolactinoma-- Tx Cabergoline 1mg weekly</p> <p>Surgical history removal fibroids</p> <p><b>Meds:</b></p> <p>Cabergoline 1mg</p>	<p><b>Fam Hx:</b> No history of autoimmune/ malignancy</p> <p><b>Soc Hx:</b> 1 glass wine/day, no IVDA</p> <p><b>Health-Related Behaviors:</b></p> <p>No sick contacts, travel history Lawyer by profession</p> <p><b>Allergies:</b> No known allergies</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b></p> <p>WBC: 11.7 (73% N) Hgb: 12 Plt: 263</p> <p><b>Chemistry:</b></p> <p>Na: 140 K: 4.1 Cl: 102 CO2: BUN: 13.8 Cr: 0.7 Glucose: 90 Ca: 9.2 LFT normal CRP 0.4</p> <p>BNP: 61</p> <p>VBG: 7.34 pCO 40 O2 undetectable</p> <p><b>Imaging:</b></p> <p>CXR: Moderate R sided pleural effusion with underlying consolidation</p> <p>Thoracentesis: Milky white pleural fluid, WBC Lymphocytes 99%, LDH 76 Protein 3.8 Cholesterol 108 Triglyceride 3000, cytology negative for malignant cells</p> <p>CTA chest: No PE, Large R pleural effusion + partial atelectasis + diffuse b/l uniform pulmonary cysts.</p> <p><b>Dx: LAM</b></p>	<p><b>Teaching Points (Kiara):</b></p> <ul style="list-style-type: none"> <li>● <b>Pleuritic chest pain:</b> <ul style="list-style-type: none"> <li>- <b>Chest wall: Pleura</b>(PE, pneumonia, effusion, pneumothorax), <b>muscle, bone</b>(fracture, osteomyelitis), <b>nerve</b> (zoster), <b>cartilage</b> (condritis)</li> <li>- <b>Mediastinum:</b> Pericarditis, Ao dissection, pneumomediastinum</li> <li>- <b>Abdomen:</b> Liver abscess, spleen</li> </ul> </li> <li>● Check on autoimmune diseases/malignancy. Lupus -&gt; serositis</li> <li>● <b>MEN Sd</b> -&gt; Pituitary adenoma, parathyroid, pancreatic tumors</li> <li>● Lateral XR better effusions</li> <li>● Pleural effusion: Check if ascites, edemas, renal function</li> <li>● Surgery Hx: Lymph leakage</li> <li>● Chylothorax: <ul style="list-style-type: none"> <li>- <b>Traumatic: Iatrogenic</b>(Tx, abd, neck, pacemaker, CVC), <b>Non surgical</b> (trauma, valsalva)</li> <li>- <b>Non Traumatic:</b> Lymphatic obstruction (malignancy), 1ry lymphatic hypoplasia</li> <li>- <b>Other:</b> Thymoma, Infx (TB, filariasis, histo), Vascular like Ao dissection, Inflamm (Lupus, sarcoid), LAM (lymphangioleiomyomatosis)</li> </ul> </li> <li>● Diffuse cystic lung disease</li> <li>● <b>LAM:</b> Smooth muscle infiltration in lungs and lymphatic system causing cystic lung disease</li> </ul>