



11/18/20 Morning Report with @CPSolvers



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<p>CC: Dry Cough</p> <p>HPI: 42M w/ h/o morbid obesity, sleeve gastrectomy (10 yrs) and gastric bypass (1 yr) p/w cough since 3 weeks with subsequent Right. shoulder pain</p> <p>Non productive dry cough + shoulder pain during cough and exercise not at rest, no numbness tingling weakness of arms or shoulders, 1 episode of epistaxis Wt loss - 50 pounds, evenly distributed over time Cough exacerbated while lying down, sometimes cough leads to SOB. NS +, no abd pain, diarrhea, fever chills, urinary Sx</p>	<p>Vitals: T: 30.5 C HR: 130 BP: 135/81 RR: 18 SpO₂: 96%</p> <p>Exam: Unremarkable</p> <p>Gen: Normal</p> <p>HEENT: left sided ulcer gingival</p> <p>CV: Normal</p> <p>Pulm: Normal</p> <p>Abd: Normal</p> <p>Neuro: Normal</p> <p>Extremities/Skin: Normal</p>	<p>Problem Representation: Middle aged male w/ gastric bypass p/w an inflammatory syndrome w/ subacute cough, b/l pulmonary nodules and cavitating lobar mass</p>	
<p>PMH: OSA Repaired deviated nasal septum 2yrs ago Meds: Intranasal hypertonic saline</p>	<p>Fam Hx: Father has TB prior to pt being born; pt. PPD -ve</p> <p>Soc Hx: Works in healthcare facility</p> <p>Health-Related Behaviors: Drinks socially, no drug use, prior HIV test long time ago -ve</p> <p>Allergies: No known allergies</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 7.6 Hgb: 12.1 MCV 32 Plt: 594</p> <p>Chemistry: Na: 138 K: 5.1 Cl: 101 CO2: 25 BUN:7 Cr: 0.7 glucose: Ca: Phos: Mag: AST, ALT, Alk-P.T. Bili: Normal Albumin: 2.8 T protein 7 Elevated ESR, CRP</p> <p>Imaging: CXR: Right upper lobe 3 cm cavitating mass CT w/o contrast: b/l numerous pulmonary nodules with some cavitation and mass like LLL consolidation with air bronchogram Infectious workup: unremarkable, HIV -ve c-ANCA pr3 + Biopsy: multinucleated giant cells, medium vessel inflammation without necrosis</p> <p>Dx: Granulomatosis with polyangiitis</p>	<p>Teaching Points (Andrea):</p> <ul style="list-style-type: none"> ● Pearl: let patient tell as much as he/she can ● Hypothesis driven dx ● Gastrectomy: compliant with vitamins? Be aware of possible deficiency ● Gastric bypass: Mainly done by laparoscopy, anastomosis leaks, diaphragm problems ● Cough while lying down: It is not always orthopnea. Anatomy change when lying down pushes diaphragm and makes thoracic cavity smaller. Think about heart problems, diaphragmatic, chest wall, intrapleural and pleural lesions ● Shoulder pain: referred, GERD (can present with night sweats), exacerbated by movement or palpation ● Most common heart failure cause is obesity ● Frequent cough can cause muscle pain ● Weight loss can make patient immunosuppressed ● Possible chronic inflammation ● Cavitary mass in lung: TB, malignancy, fungal infection, can be old and secondary infected, filamentous fungi mould (actinomycosis, nocardia), vasculopathy, histiocytosis, ● Most autoimmune dzs ESR is much more elevated than CRP ● TB acts like a normal bacteria in immunosuppressed pt ● Granulomatosis with polyangiitis