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CC: Cough/Tosse/Khasi/Tos, dyspnea (dispnea/disnea) and weight loss (perda de peso/perdida de peso)

HPI: 61 yo female with symptoms starting 4 months ago and worsening last week. She lost 24 lbs (12 kg) in the last 4 months. Her cough is mostly dry, and there's no hemoptysis. She wakes up in the morning completely drenched with night sweats and has been having diarrhea and abdominal pain (more than her usual baseline symptoms from ulcerative colitis)

Past Medical History: Ulcerative colitis, COPD, Bronchiectasis

Meds: Infliximab

Family History: none

Social History: She's from Colorado, loves hiking, living in a wooded cabin, swimming in fresh water lakes. Traveled to Hawaii 3 weeks ago and to Jamaica 4 months ago. Eats raw oysters

Health Related Behaviours: no smoking

Allergies: none

Vitals: T: 100.8 F HR:103 BP: 115x68 RR: 22 SpO₂: 88% room air BMI 20

Exam: Gen: normal

HEENT: no lymphadenopathy

CV: tachycardia no murmur

Pulm: diffuse crackles on lung auscultation

Abd: right upper quadrant tenderness

Neuro: normal

Extremities/Skin: no rash

Notable Labs & Imaging:

Hematology: WBC: 2.1 Hgb: 10.1 Plt: 91.000

Chemistry: AST: 103 ALT: 105 Alk-P: 213 GGT 191 T. Bili: normal Albumin: 2.7 Total protein 8.09 BMP normal

HIV negative | Hepatitis panel: negative | CMV PCR negative | Stool ova and parasites negative | Strongyloides serology negative | Cryptosporidium negative | Urine Histoplasma negative | Blood culture (2 pairs) no organism growth

Induced sputum culture: Mycobacterium tuberculosis negative. NAAT Mycobacterium tuberculosis negative. **Mycobacterium avium positive.**

Imaging: CXR: multifocal bronchiectasis, numerous distributed nodules, mediastinal lymphadenopathy

MRCP didn't show changes suggestive of primary sclerosing cholangitis

Final diagnosis: Disseminated Mycobacterium avium infection

Problem Representation:

ENG: 61 yo female patient with a history of ulcerative colitis that presents with a history of cough, dyspnea and weight loss (24 pounds) that is presented for 4 months

ESP: mujer, 61 años, historia de colitis ulcerativa, se presenta con 4 meses de tos, disnea y pérdida de peso en los últimos 4 meses.

POR: mulher de 61 anos com antecedente pessoal de retocolite ulcerativa (em uso de imunomodulador), DPOC e bronquiectasia, apresenta-se com dispneia, perda de peso e tosse nos últimos 4 meses, além de estar febril ao exame geral.

Teaching Points (Sukriti):

A. What is the Clinical syndrome?

Dyspnea: The "dyspnea pyramid" - Using base rate to construct the pyramid
Cardiopulmonary > Metabolic (anemia, acidosis), Psychiatric, Neurological

Weight loss, night sweats = Inflammation! Infection, Malignancy, Autoimmune, Drugs, Endocrine

Cough: Base rate: Upper respiratory > Lower respiratory in the absence of alarm symptoms (eg. Dyspnea)

Cough w/ dyspnea localises to the pathological process to the lung not the disease -- Lung, heart, kidney or neurological system

Productive value of color of cough is poor except in the presence of change of color in COPD pts or hemoptysis

B. Who is the Patient?

Ulcerative Colitis: IBD + Pulmonary = Tx & Immune status, disease association

Tubes (top to bottom): subglottic stenosis, necrotising tracheobronchitis, Bronchiectasis (most common), bronchiolitis

Vessels: Takayasu's

COPD risk factors: smoking, genetic (AATD), biomass exposure

AATD = Liver + lung pathology

C. Now lets deploy our Schema!

Pancytopenia + Lung disease = Bone marrow problem--granulomatous inf, lymphoma, AI (Sarcoid) > Splenomegaly, Lupus, Tick borne illness (Tularemia), CLL