05/26/21 Morning Report with @CPSolvers

Case Presenter: *Boris Jegorovic (@Bjegorovic)* ***Case Discussants***: *Api Chew (@Api_chew) and Sukriti Banthiya (@sukritibanthiya)*

CC: 91 yo M with HTN and BPH p/w with extreme fatigue, CP, and fever.

HPI: Patient presented to his GP via wheelchair for a new onset fever, shaking chills resolved with APAP for 3 days. He also noted epigastric pain, dyspnea, and CP. His wife notes a 15 kg weight loss from diet changes over the last few months. HIs GP ordered CXR that showed a pericardial effusion, pneumopericardium, and a small left lung consolidation. He was referred to ID for further evaluation.

PMH: HTN and BPH

No Surgeries

Meds: None

Fam Hx: None

Soc Hx: None

Health-Related Behaviors: Stays at home a lot

Allergies: None

Vitals: **T**: **37.8 C HR**: **143 bpm BP**: **60/40 RR**: **24/min SpO_2**: 66%, 92% on 4 L NC

Exam:

Gen: Alert but somnolent

HEENT: Cyanotic lips, distended neck veins

CV: nml heart sounds

Pulm: tympany in middle of the chest, paravertebral and parasternal region

Abd: soft but td to palpation and rib cage and epigastric region

Neuro: Nml

Extremities/Skin: No rashes

Given 1 L of fluids and improved BP to 80s

Notable Labs & Imaging:

Hematology:

WBC: 17.8 (16.3 % neutrophils) Hgb: Nml Plt: 96K

Chemistry:

Na: NML K: NML Cl: NML CO2: BUN: 38 Cr: 1.98 GFR 39

AST: 41 Alk-P: 188 Albumin: 2.4 (L) GGT 144 (9-48). Bili: NML

CRP: 231, LDH 280 (nml 140-280), CK 297

Imaging:

EKG: Non specific findings

ECHO: Unable to be seen bc poor window

CT Chest: No signs of dissection or rupture. No bleeding or hematoma. Hernia of the stomach, loops of small bowel, pancreas measuring 15 cm, inflammation of GB with GB wall 6mm and stone in the duct.

He was admitted to surgery and underwent successful surgery. Pneumopericardium was not evident as it was 2/2 a large hiatal hernia

Problem Representation: 91 y/o M w/HTN & BPH, presenting w/fever, dyspnea, chest pain, found to be in shock, CXR w/pericardial effusion, pneumopericardium, and LLL consolidation and CT Chest showing herniation of stomach, small bowel, pancreas, and evidence of cholecystitis. No pneumopericardium seen.

Teaching Points (Kirtan):

- **Approach to Fatigue, Chest pain and Fever in Geriatrics**- Focus on otherwise common conditions along with age specific features like infections, *Pleuritis, Myocarditis, Ischemia, PE.*
- **Gathering more evidence** - Weight loss (Acute vs Chronic), pneumopericardium (gas producing bacteria/anatomic causes), pleural effusions (Exudative vs Transudative) points to Chronic infections or malignancy. Must not miss grave things like *Bacteremia/Sepsis, Endocarditis, Pneumomediastinum & Cardiac Tamponade.*
- **Keeping up with the deteriorating vitals** - Hypotension+JVP elevation + muffled heart sounds (Beck's Triad). Similar to pneumothorax, needs immediate pericardiocentesis to decompress.
- **Layering the labs and imaging on symptoms**- Elevated WBCs, low Platelets, and high CRP raises suspicion for DIC, MAHA, Sepsis, Clostridium/Anaerobics or Mycobacterium species.
- **Putting everything together**- When nothing makes sense, anatomic defects come to rescue. Loss of integrity of diaphragm leading to inflammation of thoracic cavity altogether. *Excess air in undesired locations points to fistulas and hernias*