09/20/21 Morning Report with @CPSolvers

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CASE 1

Summary of the case: 45yoM no significant PMH w dysphagia. Intermittent progressive difficulty swallowing solids and liquids for 3wk. Drinks liquids and carbonated to help. Does not choke or cough when swallowing. Regurgitation of undigested food. No fever, chills, night sweats, wt loss ,dyspnea on exertion, n/v/d, recent trauma, or travel.
-No significant PMH, surgery, allergies/meds, fam hx. Health related behaviors: occasionally drink, no tobacco or drug use.

Important findings from exam:
-afebrile, normotensive, no JVD or LE edema, moist mucous membranes
-soft ab non-tender no splenomegaly
-normal CBC. mild normocytic anemia
-ve BMP normal sinus rhythm no ischemic changes

Important labs/imaging:
-dilated esophagus (max diam was 8cm)
-EGD revealed food bolus in esophagus. Dilated lower esophageal sphincter
-considerable narrowing of the GE junction

Teaching points (Rafa):
DYSPHASIA:
-Clarify first : is it dysphasia (difficulty with swallowing) or odynophagia (pain with swallowing)? . Dysphasia: structural or motility abnormality.
Any associated symptoms? Any red flags (smoking/weight loss - esophageal cancer).
-Important to distinguish oropharyngeal (difficulty initiating a swallow) from esophageal dysphagia (difficulty swallowing several seconds after initiating swallow).
-Pearl: food impaction is the most common cause for acute onset dysphagia in adults
- Dysphagia to solid and liquid from the onset - motility disorder # only to solids: structural cause like a stricture)
- Achalasia: loss of peristalsis in the distal esophagus w/ failure of the LES relaxation -degeneration of neurons in the myenteric plexuses . A/w increased risk of esophageal cancer

CASE 2

Summary of the case:
-65yoF presented with progressive worsening of dysphagia for 2mo. Started with difficulty swallowing solids but now liquids. Single episode of substernal chest pain, non-radiating for a few days. Lost 10lbs in 2mo.
PMH: T2DM, HTN, acid reflux, tobacco use.

Important findings from exam:
-BP 167/80, other vitals normal. Normal PE
-normal CBC and BMP. troponin -ve. normal sinus rhythm on EKG. normal CXR.
-EGD showed normal mucosa.

Important labs/imaging:
-regular barium: contrast stasis in esophagus. CT mediastinal lymphadenopathy compressing esophagus.
-Lymph node biopsy: small cell lung cancer.

Teaching points (Rafa):
- **Chest pain:** 4+ 2 + 2 - cardiac (ACS, aortic dissection, tamponade, Takotsubo) / pulmonary (PE, pneumothorax) / **esophageal (rupture, impaction).**
- **Esophageal cancer:** rapidly progressive dysphagia: initially for solids and later for liquids. Look for red flags: anemia, significant weight loss, elderly patient, smoking hx , chest pain, odynophagia
- **EGD** showing normal mucosa: think about extrinsic problems like LA dilation, mediastinal mass (small cell lung cancer, lymphoma) or a motility disorder