



09//21 Morning Report with @CPSolvers

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CC: Hemoptysis and wheezing

HPI: 49 M, presented with productive cough, hemoptysis, wheezing and fever for 3 months
Wheezing- 3 months, gradually became worse, assoc. w fever and phlegm
Intermittent wheezing- 3y
Associated with occasional dry cough
Hx of being treated from ent and immunology for asthma
Came to ED for weakness, cough and dyspnea- not relieved with medical management

PMH:
-Asthma exacerbation rx w steroids and albuterol- multiple admissions
-HTN
-Depression
-GERD

Meds:
-Hydrochlorothiazide
-Aspirin
-Lexapro
-Albuterol
-Steroid inhaler

Fam Hx:
Soc Hx:
Lives in Ohio
Works in Washington DC
Health-Related Behaviors:
Non smoker
Occasionally drinks alcohol
No asbestos or occupational exposure
No travel abroad
HIV and PPD neg
Flu shot and pneumo shot not received
Allergies:
No pets, no allergies

Vitals: T:102F HR:105 bpm BP:134/85 mmHg RR:23/min
SpO₂:90% on room air
Exam:
Gen: Audible wheeze
HEENT: Anicteric sclera, no LAD, no JVP prominence, neck is supple
CV: S1 and S2 no murmurs
Pulm: Wheezing on ausc of left side, ronchi on left side, Right side normal
Abd: Soft and nontender, no organomegaly
Neuro: unremarkable, well oriented
Extremities/Skin: No rashes, warm to touch, plethoric flush, no edema

Notable Labs & Imaging:
Hematology:
WBC: 15000 90% neu Hgb:12 Plt:180K
Chemistry:
[Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag:] all wnl
HIV and PPD negative
Imaging:
EKG: Sinus tachy- 105 bpm HR
CXR: Hilar prominence on the left side and left lower lobe infiltrate
CT: Calcified lymph nodes in the left hilar region, other findings of infiltrates suggestive of pneumonia
Bronchoscopy: Normal larynx and carina normal, left sided airway has compression at the lingular seg, granulation tissue overlying a broncholith
Management: Removal of broncholith- Got better- No wheeze post procedure
Final Dx: Broncholithiasis secondary to childhood Histoplasmosis infection

Problem Representation: A 49-year-old male with fever, hemoptysis, cough, and persistent wheezing with evidence of calcified lymph nodes on imaging.

Teaching Points (Gabriel):

- **Blood per orum** (GI, oropharynx, hemoptysis)
 - Hemoptysis is produced by an abnormal connection between:
 - Parenchyma: **bronchitis (70%)**, bronchiectasis, fistulas
 - Vasculature: artery (PE, P. aneurysm), capillary (DAH, AVM), venous (HF)
- **Approaching wheezing:**
 - **First step:** Look for the 3 common causes: COPD, Asthma, asthma + syndrome
 - **Second step: Localize.** Clinical history, clue of UR obstruction?, changing w/ position?
 - UR
 - Intrathoracic: anaphylaxis, Pulmonary edema
- **Connecting the dots:**
 - Recurrent CAP → intraparenchymal obstruction
 - Wheezing + plethoric flush: carcinoid syndrome
 - Respiratory symptoms out of law of proportionality for CAP + epidemiology: Histoplasmosis