

CC: Facial swelling and SOB.

HPI: 30yM p/w **facial swelling**, SOB w/abnormal chest imaging.

2w prior: Facial swelling started. He went to the dentist, swelling was attributed to **dental infection** - had 4 wisdom teeth extracted.

Afterwards SOB → went to ED, treated for atypical pneumonia. Later traveled to Florida w/parents, SOB didn't improve and facial swelling persisted. He described mild SOB at exertion w/intermittent **chest pain** at R side - felt like spasm - w/no radiation, worsened w/inspiration.

ROS: Reported **fever**. No cough, chills, abdominal pain, diarrhea, weight loss or other symptoms.

PMH:
Celiac disease - dx at age 22; well controlled w/diet restrictions. No hospitalizations.

No surgeries.

Meds: None.

Fam Hx:Father: HTN

Soc Hx:Originally from Ohio. Travelled to Florida. Works in bank.

Health-Related Behaviors:Drinks socially. No smoking, drugs. 2 sexual partners in past year. Does a lot of exercise.

Allergies: None.

Vitals: T:37 HR:80 BP:120/70 RR: **SpO₂**: 96%RA BMI: 24

Exam:

Pt brought photo from 1m ago and had swollen face and neck.

HEENT: **diffuse swollen fascies bilaterally**, nontender to palpation. **Dry mucous membranes**. **Swollen neck diffusely**, no rigidity. No JVD. No palpable thyroid.

CV: Regular rate and rhythm.

Pulm: **Decreased breath sounds in R lung**, **decreased tactile fremitus**, dull to palpation. L lung normal.

Abd, Neuro, Extremities/Skin: normal.

Notable Labs & Imaging:

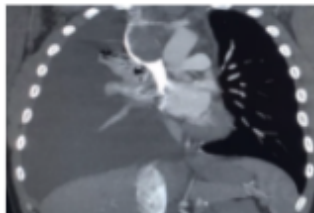
Hematology:

WBC:?? 73%N 12% L 12.8, baso and eo:nl Hgb: 15 Plt:314

Chemistry:normal limits

ESR: 20. LFT normal.

Imaging: CXR: pleural effusion.
CT Angio: **anteriomediastinal mass 4*8*6cms**, thrombus in SVC and R large pleural effusion and mediastinal LAD.



Pleural effusion fluid: Exudative effusion. CHO 79, Tri 114, LDH 245, TP elevated glucose 670. DX: Chylothorax.

Afp:neg Testicular usg: normal

Abdomen, pelvis CT scan: normal.

CT guided biopsy: classic Hodgkin lymphoma. Stage 2. Responded adequately to treatment (4 cycles of chemotherapy and radiation)

Final DX: Hodgkin lymphoma

Problem Representation: 30yM w/PMHx of celiac disease p/w facial swelling and SOB. Imaging revealed massive pleural effusion and anterior mediastinal mass.

Teaching Points (Brodie/Promise):

- **Facial swelling ddx:** Cushing's, drug-induced HS, lymphadenopathy, nephrotic syndrome, central obstructive process(SVC syndrome), hypothyroidism, heerfordt syndrome (acute form of sarcoidosis). Impt to note symmetry.
- **Idiopathic hemosiderosis** a/w celiac disease with pulmonary manifestations. Also, infections are common due to IgA deficiency a/w Celiac.
- Dental infections (strep, fusobac, actinomyces) can form abscess and spread to lungs. Endocarditis can be a serious complication.
- All the serous linings can get inflamed by the same agent. Pleura, pericardium and the synovium.
- Mediastinal dz process: vascular/pulm dilation, lymph nodes, or mass. Anterior mediastinal mass mostly likely thymoma, lymphoma, teratoma (**5Ts: Teratoma, Thymus, Terrible lymphoma, Thoracic aorta, Thyroid**).
- Most chylous effusions (TG>110) are due to trauma. Others could be SVC syndrome, lymphomas (mc non traumatic), congenital anomaly, protein losing enteropathy and TB.
- Celiac Disease is a/w T cell lymphomas
- Testicular cancers have a predilection for lung mets, which could be u/l involvement.
- IgG4 related: Mikulicz syndrome, Interstitial pneumonitis and pulmonary pseudotumors