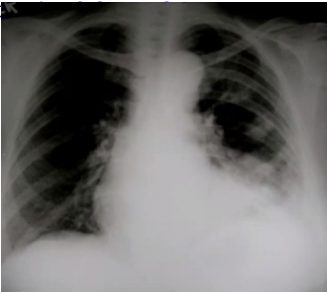


# 12/9/21 Morning Report with @CPSolvers

**Case Presenter:** Valeria Roldan (@valeroldan23) **Case Discussants:** Rabih Geha (@rabihmgeha) and Sharmin Shekarchian (@Sharminzi)

<p><b>CC:</b> Chronic cough</p> <p><b>HPI:</b> 54-year-old woman with 6 months of chronic cough with blood traces, hemoptysis 1 month ago. X ray- was read as abnormal, negative 2x AFB sputum smears. Empiric TB rx started. No improvement after 2 months</p> <p><b>ROS:</b> Denies weight loss, fever, chills, respiratory symptoms.</p>	<p><b>Vitals:</b> T:36.5 HR:80 BP:120/70 RR:15 SpO<sub>2</sub>:94% on RA</p> <p><b>Exam:</b></p> <p><b>Gen:</b> Appears in no acute distress</p> <p><b>HEENT:</b></p> <p><b>CV:</b></p> <p><b>Pulm:</b> Bilateral crepitus, dullness in left lower lobe</p> <p><b>Abd:</b></p> <p><b>Neuro:</b></p> <p><b>Extremities/Skin:</b> Nodule under right breast for the last month. No erythema or tenderness, mild pruritus. Had a similar nodule under her left breast 2 months ago.</p>	<p><b>Problem Representation:</b> 54-year old female from Peru with CC of chronic hemoptysis of 6 months with left sided pleural effusion and hypereosinophilia.</p>
<p><b>PMH:</b> HTN, depression</p> <p><b>Meds:</b> Sertraline</p>	<p><b>Fam Hx:</b></p> <p><b>Soc Hx:</b> Lives in Lima, Peru</p> <p><b>Health-Related Behaviors:</b> Denies smoking, alcohol, or illicit drug use.</p> <p><b>Allergies:</b> No allergies</p> <p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: 10.5 (25% PMNs, 53% eosinophils, 18% lympho) Hgb:12 Plt:200k</p> <p><b>Chemistry:</b> Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag: AST: 53 ALT:64 Alk-P: 93 T. Bili: ALT</p> <p>Sputum AFB- negative x 3 times</p> <p>Sputum- Revealed eggs of Paragonimus</p> <p><b>Final dx:</b> <u>Paragonimiasis</u></p> 	<p><b>Teaching Points (Gabriel)</b></p> <ul style="list-style-type: none"> <li>● <b>Hemoptysis:</b> <ul style="list-style-type: none"> <li>○ <b>Why?</b> Abnormal connection between:           <ul style="list-style-type: none"> <li>■ Parenchyma: bronchitis (70%), bronchiectasis, fistulas.</li> <li>■ Vasculature: artery (PE, P. aneurysm), capillary (DAH, AVM), venous (HF)</li> </ul> </li> <li>○ <b>TB or not TB.</b> Fastidious organism hard to dx! Consider in endemic areas.</li> <li>○ <b>+ Nodules:</b> systemic mycosis, sarcoidosis, nocardia, actinomycosis, pseudomonas, malignancy.</li> <li>○ <b>+ pleural effusion and eosinophilia:</b> <i>Paragonimus until proven otherwise.</i></li> </ul> </li> <li>● <b>Hypereosinophilia-FIESTA:</b> Fasciola, Isospora, Echinococcus, Strongyloides, Toxocara, Ascaris.</li> <li>● <b>Paragonimus:</b> hemoptysis + skin manifestations + pleural effusion + eosinophilia. Risk factors: eating raw seafood such as crabs in Peru. Sometimes misdiagnosed with TBC. Dx: microscopic examination of stool or sputum.</li> </ul>