1/19/22 Morning Report with @CPSolvers

***Case Presenter**: Débora Loureiro (@deboraloureiro) **Case Discussants**: Hans & Reza*

CC: 66 y/o F with shortness of breath and dry cough x 1.5 weeks

HPI: Denies fever, chills, CP, orthopnea, PND

PMH: A-fib, Ischemic cardiomyopathy with EF of 50%

Meds: Amiodarone 200mg BID, started 6 weeks before

Fam Hx:

Soc Hx:

Health-Related Behaviors:

Allergies: No allergies

Vitals: **T**: 98.7 **HR**: 85 **BP**: 135/80 **RR**: 32 **SpO_2**: 87%
Exam:
Gen:
HEENT: WNL
CV: WNL, no signs of fluid overload
Pulm: Bilateral coarse crackles no wheezing
Abd: WNL
Neuro: WNL
Extremities/Skin: WNL

Notable Labs & Imaging:
Hematology:
WBC: 10.5k Hgb: 13 Plt: 300k
Chemistry:
Na: WNL K: WNL Cl: WNL CO2: 28.2 BUN: 41 Cr: 1.5 glucose: Ca:
Phos: Mag:
AST: ALT: Alk-P: T. Bili: Albumin:
Normal Cardiac Enzymes
ABG: pH 7.5, PaCO2 35.2, PaO2 59, HCO3: 28 on 100% FiO2 hypoxic>>subsequently intubated
Imaging:
CXR: Diffuse bilateral interstitial infiltrates. Bilateral ground glass opacities
Lung cultures, BAL, Fungal cultures, PCP, HIV cultures negative
TTE :EF 40-45%, LVH, Grade 2 systolic dysfunction
Biopsy lung: interstitial pneumonitis, many type 2 pneumocytes,
Diagnosis: Amiodarone induced pneumonitis

Problem Representation: 66 y/o F with PMHx of a-fib and ischemic cardiomyopathy on Amiodarone presenting with SOB and dry cough x 1.5 weeks

Teaching Points (Gabriel):

- **Approaching SOB and cough**
  - **SOB:** CV, pulm, extra-CV pulm (Ventilation mechanic defect, systemic: anemia, acidosis, anxiety,...)
    - + volume overload symptoms/signs → CV
    - + systemic inflammation → pulmonary pathology
    - Neither? → collect more clues (physical exam, imaging, labs)
- **Collecting clues:**
  - **CV system compromise less likely:** No clinical evidence of fluid overload and normal CV exam.
  - **Subacute pulmonary interstitial infiltrates + ground glass opacities:**
    - Water → HF does not explain all symptomatology. *"Law of proportionally"*
    - Blood: DAH
    - Pus: Atypical pneumonia by RSV, Influenza, legionella, fungi.
    - Cells/proteins: autoimmune conditions, amiodarone pulmonary toxicity (diagnosis of exclusion), malignancy.