

<p><b>CC:</b> Dyspnea <b>HPI:</b></p> <p>65yoM p/w severe dyspnea - couldn't speak full sentences O2 sat normal Impaired lung expansion</p>		<p><b>Vitals:</b> T AF: HR 110:BP: nl RR: 32 SpO<sub>2</sub>: 98 <b>Exam:</b> <b>Gen:</b> acute distress <b>Pulm:</b> No stridor, marked wheezing; almost silent chest</p>	<p><b>Problem Representation:</b> <b>ENG:</b> 65yoM with no significant PMH presents to the ED with severe dyspnea triggered by exposure to hay. <b>GER:</b> Ein 65J alter Mann mit schwerer Dyspnoe, SpO2 normal und tachykard. Auskultatorisch "silent chest" und pfeifendes Atemgeräusch. BGA zeigt respiratorische Azidose, welche nach Gabe von Bronchodilatoren rückläufig ist. Solche Episoden schon bekannt gewesen bei Besuch der Farm seiner Schwester. <b>POR:</b> Paciente de 65a masculino apresentando-se com episódios de dispneia severa e O2 sat normal associado com visitas a fazenda</p>
<p><b>Past Medical History:</b> None</p> <p><b>Meds:</b> None</p>	<p><b>Family History:</b> N/A</p> <p><b>Social History:</b> N/A</p> <p><b>Health Related Behaviours:</b> NA</p> <p><b>Allergies:</b> N/A</p>	<p><b>Notable Labs &amp; Imaging:</b> <b>Hematology:</b> WBC: Hgb: Plt:</p> <p><b>Chemistry:</b> Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag: AST: ALT: Alk-P: T. Bili: Albumin:</p> <p>VBG - 7.2/PCO2 75 VBG 7.4/PCO2 40</p> <p>Had 4 episodes before - occurs only when he goes to his sister's farm</p> <p><b>Imaging:</b> EKG: CXR: normal</p> <p><b>Final dx:</b> Hypersensitivity pneumonitis</p>	<p><b>Teaching Points (Seyma and Samy &lt;3):</b></p> <ul style="list-style-type: none"> <li>● <b>Severity of dyspnea:</b> Oxygenation problem? Or Ventilation problem? (excretion of CO2 not working), on exertion/rest, wheezing, encephalopathy (too much CO2-&gt;AMS), Use the stethoscope (tachypnea, abnormal lung sounds, wheeze, ...)! </li> <li>● <b>Hypercapnia → AMS</b></li> <li>● <b>O2-sat not reliable:</b> CO-Hb, Met-Hb, Hypotension, Raynaud, nail polish</li> <li>● <b>Compensatory or respiratory dyspnea? → Use the stethoscope! But confirm with VBG</b></li> <li>● <b>Met acidosis: smell of breath, type of breathing (e.g. Kussmaul in DKA)</b></li> <li>● <b>Treatment of hypercarbic respiratory failure:</b> bronchodilators, upright position, ultima ratio: positive airway pressure (1. <u>BIPAP</u> or 2. CPAP); intubate</li> <li>● <b>CAVE:</b> too much oxygen can turn off respiratory drive, esp. in COPD-patients</li> <li>● <b>Wheezing (Not all wheeze is asthma):</b> foreign body aspiration, bronchiolitis, tracheomalacia</li> <li>● <b>Dynamic airway obstruction:</b> panic attack, angioedema, tracheomalacia</li> <li>● <b>ABPA:</b> Underlying Asthma or CF; Clues: atopic labs Eosinophilia, IgE, Aspergillus-specific IgE, sputum can be brown; central bronchiectasis is typical</li> <li>● <b>HP:</b> hypersensitivity to certain materials from the environment (birds, pillows, hot tubs): exposure -&gt; acute anaphylactoid reaction with dyspnea, fever and wheezing (with ON/OFF phenomenon), if chronic can progress to ILD with a IPF-phenotype; Tx: elimination of trigger, symptomatic therapy</li> </ul>