

CC: 66 y/o male dyspnea, chest pain and fever for 3 days

HPI:

Vitals: T: 39 HR: 54 BP: 104 /68 RR: SpO₂: 91%

Exam:

Gen: Obese man in distress

HEENT:

CV: Normal

Pulm: Dyspnea at rest, palpation and inspection: asymmetric expansion, reduced tactile fremitus. Auscultation: absent breath sound on the left side. Percussion: dullness over the area of effusion

Abd: Normal

Neuro: Normal

Extremities/Skin: No edema

Problem Representation: 66 y/o male who is a farmer presented w/ chest pain, fever and dyspnea at rest. Lung exam revealed diminished/dull sounds on the left suggestive of pleural effusion and confirmed with CXR. Thoracocentesis: Milky white appearance of fluid suggest as exudate with elevated TG revealing a chylothorax. The pt had revealed that he had suffered trauma prior to this presentation.

Teaching Points (Andrea):

- Chest pain: prioritize heart over lung,
- Fever: You prioritize lung over heart because direct contact. inflammation, infection, auto, malignancy
- Dyspnea: Oxygen saturation?
- Morbid complaints act before you know
- Air vs Fluid in the way. Distal breath sound. Dullness to percussion will be fluid ie atelectasias, v/q mismatch
- Pleural effusion: Not normally distress Other side can compensate unless very big
- Empyema are normally result from an infection
- Farmer with pneumonia: legionella, Q fever, brucelosis,
- Farmer with cystic lesion: histoplasmosis, tuberculosis, echinococcus (right sided because of the liver)
- Cystic in Chest X ray should made you think about parasites
- Triglycerides elevated in thoracocentesis is most likely chylothorax
- Trauma is the only cause of chylothorax that does not leave an imprint

Notable Labs & Imaging:

Hematology:

WBC: 94 (Neutrophil) Hgb: Plt: normal

Chemistry:

Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag: AST: ALT: Alk-P: T. Bili: Albumin:

Imaging:

CXR: Drenaid two days

Thoracocentesis: Milky white appearance of fluid, pleural cholesterol elevated → Exudate. Pleural fluid triglyceride 1.85 mmol/l Cholesterol 4.90 mmol/l. Pleural fluid protein 30 g/l, leucocytes 1000 mm³

Dx: Traumatic chylothorax

PMH:
Apnea treat with cipap
HTN since 2016

Meds:
Tahon
Loxen
Coaprovel
Spironolactone

Fam Hx:
None

Soc Hx: Farmer
Recent travel

Health-Related Behaviors:
No alcohol
No smoking
Obesity

Allergies:
None