



8/25/22 Morning Report with @CPSolvers



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CC: 23yF w/chest pain for 1 day

HPI:

- Pain 10/10, sharp, pulsating, shooting, midsternal region, radiates to back
- Drinking, swallowing and talking the same time worsened the pain
- Globus sensation and needs to burp
- Mild non-productive cough the day before after walking in rain w/o jacket
- Able to talk in complete sentences
- ROS: No fever or chills, no SOB or wheezing, no abdominal pain
- Odynophagia
- No forced vomiting, but feelin like sth needs to be coughed up

PMH:
Anxiety, depression

Health-Related Behaviors:
No smoking, Marijuana daily, Drinks socially, MDMA in past month

Vitals: T:37.1 HR: 85 BP:105/65 RR: 15 SpO₂: 99%, weight: 44kg

Exam:
Gen: no acute distress
Normal PE

Notable Labs & Imaging:

Hematology:
WBC:8.62 Hgb: anemia Plt:277
CBC normal
Trop normal

Chemistry:
Na: 138 K:3.4 AG 6

Imaging:
EKG: HR 55, unspecific T wave inversions in V1-V3
CXR & CT chest: pneumomediastinum, RV enlargement

Final dx: Pneumomediastinum

Problem Representation: A 23yF p/w chest pain (10/10) for 1 day radiating to back, globus sensation and odynophagia w/ a PMH of eating disorder and anxiety. Drugs notable for daily consume of Marijuana and MDMA in past month.

Teaching Points (Lea):

- Time course and Localization applied to Chest Pain
- Lung, heart, abdominal, intrathoracic, chest wall
- No miss causes: 4+2+2 (Tamponade, MI, PE, Dissection...)
- Age as modifier for pretest-probability of CAD
- Chest pain basic workup: EKG, CXR, Labs
- Acute esophageal process -> CT
- Vascular processes can hide in clinical exam
- Eating disorder + Chest pain:
 - Pneumomediastinum
 - Esophageal damage
 - Pleura
- Pneumomediastinum:
 - Imaging - CXR, CT
 - Can have normal exam