



# 5/24/23 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Lev Malevanchik (@Levma1526) | Case Discussants: Jack Penner and Sharmin (@Sharminzi)

**CC:** Progressive lower extremity edema

**HPI:** 65 yo woman noticed that her legs started swelling over the last month and a half. She did not have fever, chills, SOB, erythema, warmth, pain, anxiety.

**Vitals:** T: wnl HR: wnl BP: wnl RR: wnl SpO2: wnl

**Exam:**

**Gen:** well appearing, no jaundice

**HEENT:** no LAD

**CV:** RRR, no murmurs

**Pulm:** CTAB, no crackles

**Abd:** soft

**Neuro:** AOx3, gross nl

**Extremities/skin:** 2+ pitting to just above the knees, worse at the feet and progressively getting better, no discoloration

**Notable Labs & Imaging:**

**Hematology:**

WBC: wnl Hgb: wnl Plt: wnl

**Chemistry:**

Na: 120 K: 3.5 Cl: wnl CO2: wnl BUN: wnl Cr: wnl glucose: wnl

Ca: wnl Phos: wnl Mag: wnl TSH wnl

AST: wnl ALT: wnl Alk-P: wnl T. Bili: wnl INR: wnl Albumin: 2.6

UA wnl Urine Na 70 Urine Osm 400

**Imaging:**

CXR: clear lungs

DVT US: negative

Bedside US: moderate pericardial effusion

TTE: unable to tap, no evidence of tamponade, good function.

CT of abd/pelvis: no acute findings, no cirrhosis, no clots

CT chest: mediastinal LAD

Biopsy of mediastinal LAD: squamous cell carcinoma

Final diagnosis: Squamous cell carcinoma of unknown primary

**Problem Representation:** 65 yo F w/ hx of smoking p/w subacute progressive BLE edema, found to have hyponatremia, hypoalbuminemia, pericardial effusion and mediastinal LAD. Biopsy revealed squamous cell carcinoma of unknown primary.

**Teaching Points (Oumaima):**

- Lower extremity edema : **3 major organs** can be involved : Heart / Liver / kidney /
- Also consider : **Thyroid** (Myxedema) / Chronic venous insufficiency (signs of venous stasis) / **Medications** (amlodipine-Gabapentin) / Central venous obstruction
- Significant smoking history: COPD-Cancer (Lymphatic obstruction) - **Vascular and renal complications** that can cause LEE
- LEE: Focus on the **Neck and abdomen** areas in PE ( Ascites → Hepatic causes ) ( Elevated JVP → Cardiac causes )
- LEE induced by a renal cause is typically accompanied by HTN
- Hypoalbuminemia:** Decreased production (Inflammation-Liver disease-genetic causes) or increased loss (Nephrotic syndrome-protein losing enteropathy-vascular leak)
- Hyponatremia:** Check serum osmolality → urine osmolality → Urine sodium
- SIADH: Hypothyroidism - Medications- Malignancy (Lung)
- Pericardial effusion:** Formal TTE to Rule out tamponade - Lymphoma - Thoracic malignancies (Breast cancer) / Post MI pericardial effusion / Underlying CKD or hypothyroidism
- Mediastinal LAD: Malignancy (Lung-Breast) - Infections (HIV,TB)
- Autoimmune (Sarcoidosis) - Drugs- Endocrinopathies

**PMH:** None

**Fam Hx:** No hx of cancer, clotting, heart disease

**Meds:** None

**Soc Hx:** Smokes 5 to 6 a day, 20 to 30 pack\*year hx

Immigrated from Japan to SF

Lives with partner

No travel hx

**Allergies:** None