



7/19/23 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Andrew (@ASanchez_PS) Case Discussants: Jack

CC: 82 year old presenting for chest pain

HPI: She recently developed left sided chest pain, worse when lying on this side. Also started feeling "winded" when walking around the house. She woke up at 4 am acutely short of breath, and that is why she came in.

Vitals: T: Afebrile HR: 100s BP: 100/70 RR: SpO2 95% 2l

Exam:

Gen: Comfortable lying still

HEENT: no icterus, JVP was not appreciated

CV: Distant heart sounds

Pulm: Distant sounds, no crackles

Abd: No hepatomegaly, tenderness

Neuro: No gross deficits

Extremities/skin: Pitting 1+ edema to mid shins bil

Problem Representation: 82 year old female presents with subacute chest pain, positional dependent, associated with subacute dyspnea that abruptly worsened.

Teaching Points (Marino):

-**Chest pain:** Always rule out emergent causes with the 4+2+2 mnemonic.

-When two concerns are present, we should ask the next question: What is the primary syndrome that we have?

-Shortness of breath: Cardiac, pulmonary and the A's (anemia, anxiety and acidosis)

-Chest pain worse with positional change: increases the likelihood of pleural/pericardial/mediastinal/MSK disease.

Take data from your history, and correlate it to narrow your differential diagnosis.

-Angina doesn't necessarily presents as chest pain. Shortness of breath, especially in women and elderly is an equivalent.

- 100/70 blood pressure in a patient with CKD and HTN history, suspect relative hypotension, these patients tend to have high baseline blood pressure readings. SpO2 95% on 2L shows mild hypoxemia.

-**Distant heart sounds and enlarged cardiac silhouette in chest X-ray:** either a problem with the myocardium or a pericardial disease

-**POCUS comes key to make a differential:** Filling pressures, view at the pericardium and ejection fraction can help us narrow down our differential.

- **Reflections:** Always take into consideration the baseline status of the patient.

Notable Labs & Imaging:

Hematology:

WBC: wnl Hgb: Stable normocytic anemia Plt: wnl

Chemistry:

Na: 135 BUN: 46 (32) Cr: 2.1 (1.3)

BNP: 1070

Trop: 20 downtrending to 13 (mildly positive)

Imaging:

EKG: Normal sinus rhythm

CXR: Cardiomegaly

Course: Diuresed with improvement of symptoms.

Developed Afib with rapid ventricular response. This was treated with metoprolol, with transient success.

Echo: Moderate sized pericardial effusion with signs of tamponade.

Final Dx: Pericarditis with cardiac tamponade

PMH:
Remote DVT
HTN
CKD III
DM

Fam Hx: None

Soc Hx: None

Health-Related Behaviors:

Allergies: NKDA

Meds:
Eliquis
Insulin
Anti-hypertensive meds