



9/20/23 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Akhil Case Discussants: Ann Marie (@AnnKumfer) and Sharmin (@Sharminzi)

CC: 27 yo male with chest swelling

HPI: Patient noticed swelling on the left upper and anterior side of his chest, one month ago, that was increasing in size. He had an episode of chest pain before the onset of the swelling that subsided with over-the-counter medication.

The patient reported an episode of night sweats one week before onset of swelling.

No rash, wt loss, no fever, no cough, no joint pain or loose stools.

PMH:

Patient was diagnosed with pulmonary TB 1.5 years ago which was treated with 6 months of anti-tubercular therapy

Meds: none

Fam Hx: non contributory

Soc Hx: non contributory

Health-Related Behaviors:

Allergies: none

Vitals: T: HR: nl BP: nl RR: nl

Exam:

Gen, HEENT, CV, Pulm, Abdomen: unremarkable

Extremities/skin: swelling noted on the anterior chest wall spanning from the left 2nd sternocostal joint to the 5th left sternocostal joint, measuring 6 x 5 x 2 cm. The surface is smooth, with no erythema, no signs of inflammation, no discharge, no crepitus or signs of any skin trauma. Temperature was normal. Swelling is soft and can't be reduced. No tenderness, no pulse. **Positive fluctuation.** The range of motion of the upper extremity is not impaired. No lymphadenopathy.

Notable Labs & Imaging:

Hematology: no abnormalities

Chemistry: no abnormalities

Imaging:

CXR: no changes

CT scan: **midline cystic lesion** in the subcutaneous tissue of the chest wall, just anterior to the sternum, with unremarkable underline tissue and normal lungs

Evolution: Swelling aspiration revealed Acid Fast Bacilli which was consistent with midline swelling caused by tuberculosis. The swelling was aspirated and the material obtained was sent for NAAT for drug sensitivity and showed Isoniazid resistance > The pt was started on Rifampin, Levofloxacin, Ethambutol, Pyrazinamide.

Dx: cutaneous tuberculosis

Problem Representation: 27 yo man presenting with chest swelling one year after completing treatment for pulmonary TB.

Teaching Points (David):

- **Chest swelling:** localized lesion vs chest diffusely swollen
- Clues to make progress:
 - + Night sweats -> inflammation: IMADE - Ie:
 - >> Skin and soft tissue infections: cellulitis, abscess
 - >> Arthritis, costochondritis, osteomyelitis
 - >> Atypical pathogens: actinomycosis, nocardiosis, TB, fungi, hydatidosis
 - >> Malignancies: lipoma, osteosarcoma, chondrosarcoma, plasmacytoma...
 - + Inside going outside (ie. empyema necessitans) vs outside going inside (ie. SST abscess)
- Most common and concerning cause: abscess
- **Cutaneous tuberculosis:**
 - + **True cutaneous TB:** direct manifestation of TB in the skin (can see mycobacteria in the skin). Contiguous spread vs hematogenous spread vs inoculation from an exogenous source
 - + **Tuberculids:** hypersensitivity reaction to TB. Ie. erythema induratum of Bazin