# 7/9/24 Morning Report with @CPSolvers

*"One life, so many dreams" Case Presenter*:Maryana@maryanamribeiro ***Case Discussants***: Ravi@rav7ks and (@)

**CC**: a 47 y/o F presenting with dry cough and mild SOB for 3 weeks.

**HPI**: patient mentions she started with a dry cough around 3 weeks ago , with no associated fever. At that time, with 5 days of sx she was prescribed Azithromycin for 5 days for presumed CAP. symptoms got slightly better after the medication , but returned after 1 week associated with progressive SOB. now she comes to the ED due to persistent cough for 3 weeks,moderate SOB on exertion, and low grade fever.
ROS: negative for n/v or diarrhea. Refers progressive fatigue.

**PMH**:
HER2+ breast ca stage 3 . underwent chemo with Docetaxel and Carboplatin FOR 2 CYCLES . trastuzumab added for 8 cycles . last chemo finished one week before the onset of sx. Radiotherapy was performed alongside chemo, 9 sessions were completed last one performed 5 days before the onset of cough . patient has type 2 DM and htn.

**Meds**:
Metformin
Lisinopril

**Fam Hx**:

**Soc Hx**:
Patient from Puerto Rico.Moved to US 25 years ago

**Health-Related Behaviors**:

Doesn't smoke or drink alcohol

**Allergies**: -

**Vitals: T:** 38.1**HR:** 88 **BP:** 135/78 **RR:** 95% on RA
**Exam:**
**Gen:** MILD ACUTE DISTRESS
**HEENT:** unremarkable
**CV:** RRR normal S1/S2
**Pulm:** mildly decreased breath sounds in both lungs
**Abd:** unremarkable
**Neuro:** AO*3 no focal deficit
**Extremities/skin:** no edema or rash

**Notable Labs & Imaging**:
**Hematology**:
WBC: 4.5Hgb: 9Plt: 141k
**Chemistry**:
BUN: 26 Cr: 0.8 AST: nl ALT: nl
**Infectious workup: influenza and covid - , HIV-**
Bacterial, fungal cultures were collected and are pending
**Imaging**:
**Chest CT:** bilateral perihilar peribronchial thickening and interstitial infiltrate consistent with bilateral multifocal pneumonia
**Echocardiogram**:nl with LVEF 60% and no valvulopathies .
Patient was treated with corticosteroids , started on empiric abx with Vancomycin, Cefepime, and Bactrim prophylaxis .
**Viral pcr was + for enterovirus.** Patient was clinically stable after 5 days of hospitalization with O2sat of 96% on 2L NC, discharged home with oral abx and oxygen after 5 days.
Patient returned 7 days later with worsening SOB, cough,tachypnea(RR:38), SPO2 88% on 5L NC and low grade fever.
Showing signs of respiratory failure she was intubated right away.
**Chest ct:** ground glass attenuation with traction bronchiectasis consistent with severe acute respiratory distress.
PJP from BAL was - but + for candida . placed on ECMO .
Dx : BAL cytology showed malignant cells, confirming breast ca with lymphangitic spread( lymphangitic carcinomatosis )

**Problem Representation**:
A 47 y/o F with a PMH of breast ca stage III, presenting with dry cough and SOB progressing to respiratory failure . Chest Ct showing GGOs and BAL cytology showing malignant cells.

**Teaching Points (Hee)**:
**Approach to a three-week subacute cough**: Consider sinusitis post nasal drip, GERD non-asthmatic( vocal dysfunction, eosinophilic bronchitis/pneumonia, medication toxicity (e.g., ACE inhibitor within the last 2 weeks), or spring allergies/ infection Mycoplasma , atypical and typical pneumonia( consider hypoxemia) autoimmune, vasculitis ,malignancy / vaping, smoking /azithromycin not perfect for CAP

**Immunocompromised state( Breast cancer )**, organisms(Influenza, bacteria,COVID-19, PJP TB, CMV, fungal infections// hypercoagulability(PE)//side effects of treatment( pulmonary toxicity, pneumontist, cardiomyopathy ) from chemotherapy and radiation.

**EXAM**: listen to lung sound ( dull. Cracked )/ look for Interstitial/pleural effusion, B-lines/pericardial effusion, DVT.
**Diffuse (not focal) diminished breath sounds** ->bilateral pulmonary process, 95%spo2(not severe) - chest x ray /CT or HRCT will be useful

**CT:GGO bilateral pneumonia-** vancomycin +cefepime(pseudomonas)+ bactrim ( PJP+-)fungal -> BAL ( PJP)

**Sequence of events:** antibiotics, discharge, coming back - amplifying lung damage, need mechanical ventilation - ARDS, fungal, TB,post covid pulmonary fibrosis
Malignancy, alveolar filling ( diffuse hemorrhage)

**BAL cytology:** breast cancer with lymphangitic carcinomatosis.

**Lymphangitic carcinomatosis**: malignancy spread to lymphatic vessels; breast cancer mc stage 4 ( chemotherapy tx -> poor prognosis)