10/20/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Vini (@vini.barzon) Case Discussants: Mark (@Mark_Heslin) and Yazmin(@minheredia)

CC: 31 yo f reports experiencing mild dyspnea, cough and fatigue starting a month ago.

HPI:
She reports multiple visits to the ER during the past month where she was prescribed prednisone 20 mg which she has been using since early september, along with bronchodilators and IV or IM corticosteroids.

She mentions worsening dyspnea, now associated with a sensation of chest heaviness, orthopnea, voice changes, dysphagia for solid foods, and facial edema.

She notes papules on her chest and "more visible veins" in the same region, as well as worsening edema that has progressed to her upper limbs. Additionally, she discovered a hardened, painful nodule in her left axilla. With worsening dyspnea and facial edema over the last 3 days, she came to our hospital.

She denies fever or night sweats. She reports a weight loss of 3 kg over the past 10 days, attributing it to difficulty swallowing. She also mentions that six months ago, she experienced diffuse arthralgia with fever, for which dengue/chikungunya was considered, though no definitive diagnosis was made.

PMH:
None

Meds:
None

Fam Hx:
Father: HTN, Diabetes
Mother: HTN
Soc Hx: None
Health-Related Behaviors: None
Allergies: none

Vitals: T: afebrile **HR:130 BP:140/100 RR:** 30 **sat** 94
Exam:
Gen: alert, oriented x3
Pulm: Diminished breath sounds on left upper lobe, mild wheezing on the left lobe
Extremities/skin: Significant facial edema, non-erythematous papule on the chest, visible superficial veins on the chest, edema on the left upper extremity, warm extremities
Lymph nodes: palpable left axillary lymph node
Abd: Neuro: HEENT: CV: nml

Notable Labs & Imaging:
Hematology: WBC: Hgb: Plt: nml
ESR 52 Fibrinogen 500

Chemistry: nl
Na: K: Cl: HCO3: BUN: Cr: glucose: Ca: Mag:
AST: ALT: Alk-P: Albumin: nml
LDH 850
Low calcium
hepB C and HIV nml

Imaging:
CXR: Large upper mediastinum. Loss of anatomical definition of the L upper lobe. Nodules vs masses in the upper lobe
Echocardiogram: pericardial effusion, normal EF. No signs of pulmonary hypertension

Chest CT: Large solid mass 8.4 x 10.1 x 9.0 cm involving the SVC and brachiocephalic trunk, compressing the pulmonary veins and artery, and invading the sternum
Dx: Diffuse large B cell lymphoma

Problem Representation: 31 y/o F with 1 month of dyspnea, 1 week of facial edema, upper extremity swelling, axillary LAD, and JVD, indicating SVC syndrome. Chest CT and biopsy confirmed DLBCL

Teaching Points(Hee):: **Approach to 30F with 1 month of dyspnea**: **subacute onset,** consider cardiac (coronary, myocardial, pericardial, electrolyte):Vol overload-wt gain, LE edema and lung causes (airway, parenchymal, pulmonary vessels, pleural); consider lung dz e/**Young F** with autoimmune ILD, pneumonitis, TB, bronchiectasis -> assess hx, lung sounds, CXR CT ABG CBC for anemia

HPI: facial and upper extremity edema 1 week: consider angioedema, hypersensitivity, lymphatic edema (r/o anaphylaxis due to timing)Mediastinal mass causing obstruction, SVC syndrome, orthopnea, hoarseness; consider CXR.

Physical exam :JVD, facial edema, and dilated chest veins suggest SVC syndrome; Pemberton's sign (raising both arms) can trigger cyanosis or venous congestion. Decreased lung sounds:malignant pleural effusion; r/o PE, SLE, **4 T's of anterior mediastinal mass: thymoma, teratoma, thyroid mass, terrible lymphoma**

Lab and imaging: fibrinogen (acute phase reactant), elevated LDH, axillary lymphadenopathy—suggestive of malignancy, //tb fungal infection-> chest CT and Biopsy of axillary and mediastinal mass (ex Hodgkin lymphoma; assess for alcohol-induced syndrome)-> CT : solid mass involving the SVC

Dx: DIffuse Large B cell lymphoma