5/13/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****:Ethan (@e_chiu17)* ***Case Discussants****: Maryana (@maryanamribeiro) and Ravi (@rav7ks)*

Scribing (Marcela)
CC: "Cough for 2 weeks"
HPI: 36 yo male presenting with cough for 2 weeks. The patient complained that he felt he had cold symptoms for about 2 weeks, especially persistent cough. Cough without sputum. Noted dyspnea on exertion but not dyspnea on rest. He also had intermittent fever (around 38.5C). Denies dysuria, diarrhea, nausea and vomiting

PMH:
HTN diagnosed 10 years ago

Meds:
Amlodipine 5mg
Olmesartan 20mg
Dexmethorphan 20mg TID

Fam Hx:Father had HCC

PSH:

Health-Related Behaviors: Patient drinks whisky sometimes
Smokes half pack per day for the past 6 years

Allergies:

Vitals: T:36.5 BP: 132/85 **HR**: 69 **RR:** 18 **Sat: 97% on RA BMI:**
Exam: Gen: no acute distress
HEENT: non icteric sclera, conjunctiva not pale, no palpable LN, JVD+
CV: RRR no murmur
Pulm: bilateral clear to auscultation
Abd: soft and flat, nontender
MSK: no rash was noted

Notable Labs & Imaging:
Hematology:
WBC: 6 (normal diff) RBC: 13.8 Plt:202
Chemistry
Na:138 K:4 BUN: 13 Cr: 1
eGFR: AST: 17 ALT:20 ALP: Bili:0.7 CRP 20 (<5)
Imaging:
EKG: normal Chest X-ray: widened mediastinum
CT chest: 11cm lobulated necrotic tumor in the anterior mediastinum, with invasion to the left brachiocephalic vein and SVC. Consolidation in left lung
Testicular ultrasound: normal bilaterally, showed homogenous and smooth contour bilaterally, normal epididymis and not active lesions
LDH 401 (H), BHCG <1, CEA 2, AFP: 116272 (H), TSH normal
PET CT - anterior mediastinal lesion with left subclavian vein to SVC involvement (SUVmax 27.6) and left upper lung lesion (SUVmax 2.9) likely local infection/inflammation
CT guided biopsy: Yolk sac tumor
Enoxaparin was added for PE prevention. BEP (Bleomycin, Etoposide and Cisplatin) regimen was started

Final diagnosis: Stage III (cTxN0M1S3) anterior mediastinal yolk sac tumor with left subclavian and SVC involvement

Problem Representation: 36yo M presenting with acute to subacute cough, DOE and intermittent fevers. Physical exam showing JVD and Xray with widened mediastinum.

Teaching Points (Julia): cough →
I) Infections, allergic, drugs > autoimmune, chemical = most common causes; however search for associated *"alarm" signs*
- diff.: mycoplasma, flue, B. pertussis, upper airway cough syndrome, malignancy, hypersensitivity pneumonitis,
  a) viral sequelae: pneumonia, empyema, (peri-)myocarditis, bacteremia
  Ib) *Meds*: **Ticagrelor** (p2y12 inhibitor); 20% patients p/w **ACE inhibitor** related cough within 2 weeks
  Ic)

II) Xray: 1. Pneumothorax 2. Pleural effusion pulm. edema 3. Pneumonia
IV) JVD: rise in RA pressure i.e. Pericardial effusion, Myocarditis/Cardiomyopathy, Endocarditis
V) anterior medistinal mass w/ mass effect (vagal) → teratoma & terrible lymphoma > Thymoma, Thyroid goiter
VI: Germ cell tumor: Tß-hCG (i.e. seminoma)
VII LDH prognostic value >2 ULN
VIII: testicular US does not rule out a germ cell carcinoma!