5/25/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Julia Zanco (@) Case Discussants: David (@davserantes) and Julia (@JuliaSchlender1)

Scribing (Bayan)

CC: 38F presenting with progressive dyspnea for 1 month.

HPI: worsening dyspnea, to the point of preventing daily activities and unintentional weight loss > 10kg.
New onset mild generalised abdominal discomfort described as dull ache.

ROS: No change in bowel habits. No urinary symptoms.

PMH: Severe postpartum hemorrhage. Hysterectomy. multiple admissions since 2022 for recurring productive cough, worsening dyspnea on exertion, unintentional weight loss. Lost to follow up multiple times.

Meds:

Fam Hx: -

Social Hx:
22 pack-year history of smoking. Regular alcohol consumption. History of crack and cocaine use

Health-Related Behaviors:
Lives in Brazil. Cleaner in long-term care facility.

Allergies:

Vitals: T: 36C **BP:** 114/91 **HR**: 100 **RR:** 31 **Sat:** 100%
Exam: Gen: cachetic. Uncomfortable. Pale.
HEENT: poor dentition.
CV: no murmurs
Pulm: asymmetric breath sounds. Decreased breath sounds on the left. Bibasilar rales
Abd: diffuse tenderness. Hyperactive bowel sounds
Neuro: oriented. No focal deficits.
MSK:

Notable Labs & Imaging:
Hematology: WBC: 6 Hgb: 12 Plt: 315 HCT 39

Chemistry
Na: 139 K: 4.8 Cr: 0.7 BUN: 19 Ca: 8.8 Mg: 2 Glu: 103 Cl: HCO3: AG:
CRP: 7.7 ESR: LDH: 248 AST: 17 ALT: 37 INR: 1.12 Bili: 0.6 Amylase 61
TB PCR, HIV, HepB, HepC and syphilis serologies all negative

Imaging:
CT abd: splenomegaly (14cm) with multiple small hyperdense nodules. Moderate free peritoneal fluid. Small bowel loops with moderate distension and mild thickening suggestive of occlusive process.
Chest CT: small airway disease predominantly in the left lower lobe. Multifocal consolidation in posterior lower lobes. Moderate centrilobular emphysema. Moderate left-sided pleural effusion.

Thoracocentesis: turbid yellow fluid protein 4.1 LDH 420 lymphocytic predominance. Fungal structures with multiple budding yeast forms on direct microscopy

Fungal serology revealed paracoccidioides
Dx: Disseminated Paracoccidioidomycosis

Problem Representation: 38F with recurrent episodes of progressive dyspnea, productive cough and unintentional weight loss, now complaining of abdominal discomfort.

Teaching Points (Masah):
Dyspnea: Is dyspnea exertional? Orthopnea? PND? h/o exposures, heavy alcohol, smoking, chemotherapy
Dyspnea pyramid: Cardiac, pulmonary, NM, hematological
Age (she's young): infection, allergy
Weight loss: malignancy, chronic infection (eg. TB, HIV)
Productive cough: localizes it pulmonary system → Subacute inflammatory syndrome
Recurrent admission with similar presentation: If infection:is there an immunodeficiency that makes her prone to infection? Eg. CVID → bronchiectasis (Get Ig levels)
Risky social behavior → prone for immunosuppression & infectious diseases (HIV, TB)
Tachypnea without hypoxemia: 5 A's Acidosis, Anxiety, Anemia, Airway limitation, Activation of the medulla
Thoracocentesis → fungal infection. Is it due to an underlying immunosuppression process?
Malignancy: could be a lymphoma
Granulomatous bucket: TB, Sarcoidosis
Endemic mycoses: histoplasmosis, coccidio, paracoccidioidomycosis.
Dx: paracoccidioidomycosis chronic granulomatous fungal infection caused by *Paracoccidioides brasiliensis*, endemic to Latin America.
Multiple budding yeast forms in sputum BAL or LN aspirates are diagnostic. Can also be diagnosed by serology.