6/19/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: (Julia @zancojulia) Case Discussants: (Rabih @rabihmgeha) and (Lera@LNovotnaya)

Scribing (SEEME)

CC: A 35-year-old man with no known past medical history was brought by the ambulance because of acute shortness of breath and progressive weakness over the past 24 hours. He is with his wife who provides the history. The wife says that he also has been experiencing **dysphagia** and has **lost 40 kilograms over the past 7 months.**

HPI:

Over the past 7 months, he has had increasing difficulty swallowing which started with solids and progressed to liquids. Over the past month, the wife mentions that he is having **night sweats** and episodes of **low-grade fevers**. In the last 24 hours, he started having weakness and shortness of breath that is worsening when lying flat. At the moment of evaluation, he is dyspneic at rest, unable to complete full sentences. Since yesterday, he was no longer able to work or perform basic activities such as walking short distances or eating independently.

PMH:

Not significant

Meds:

Denies taking any medications

Fam Hx:

not significant

Social Hx lives in Brazil

Health-Related Behaviors: no alcohol or drugs

Allergies: NKDA

Vitals: T: 36.3 **BP:** 140/90 **HR**:100 **RR:** 32 **Sat:** 62% **BMI:**

Exam: Gen: Cachectic, tachypneic, no edema, no JVD, afebrile

HEENT, CV: wnl

Pulm: decreased breath sounds and mild wheezing on the left.

Abd: No hepatosplenomegaly or palpable lymphadenopathy.

Neuro: hypoactive deep tendon reflexes. No cranial nerve abnormality

MSK: mild proximal muscle weakness

Notable Labs & Imaging:

Despite high-flow oxygen therapy, his oxygen saturation remained below 85%. He developed altered mental status and signs of impending respiratory failure, requiring intubation.

ABG before intubation: pH 7.11 , pCO_2 77 , pO_2 76 , HCO_3^- 24 , Sat 83%

Hematology:

WBC: 52k Hgb: Plt: MCV:

Chemistry

Na:129 K: 5.6 Cr:1.7 (baseline nl - 1.1) BUN: Ca:7.2 (low) Ph: nl Mg:nl Glu:nl

Cl: HCO3: AG: uric acid: 8.4

Lactate: 5.8 LDH:538

Imaging:

CXR: bilateral opacities and tracheal deviation

CT scan: large anterior mediastinal mass (8.6 cm), bilateral pulmonary nodules, compression of the trachea and bronchi, and diffuse lymphadenopathy. The CT also shows sclerotic bone lesions in the thoracic vertebrae and pelvis.

Biopsy of mediastinal mass: positive for synaptophysin and chromogranin A confirming neuroendocrine differentiation Ki-67 was >80%, consistent with a high-grade tumor

Dx : Poorly differentiated neuroendocrine carcinoma likely of mediastinal origin complicated by tumor lysis syndrome

Problem Representation: A 35 year old man presented with acute shortness of breath, progressive weakness and dysphagia associated with weight loss and night sweats. CT showed a large anterior mediastinal mass.

Teaching Points (Vini): Approach to dyspnea + dysphagia

- **Rule out alarming signs, clinical stabilization**. GI or respiratory or both systems. Anatomical approach, pleural, alveolar, parenchymal. Oropharyngeal vs **esophageal (isolated)** dysphagia. Progression - solids to liquids. Dysmotility diseases. Aspiration - **pneumonitis vs pneumonia**. Unilateral vs bilateral. No cough, no regurgitation.
- Evaluate immune status - competent or compromised.
- **Consider ddx**: endemic fungi, TB,epidemiological prevalence, Mediastinal compression, space occupying lesions, pneumomediastinum, diaphragm, phrenic nerve, airway occlusion, infections, asynchrony to breath, Teratoma, Thymoma, terrible lymphoma, MG, neuromuscular etiology, paraneoplastic.
- Patient had severe deterioration over the months.
- Inflammatory nature of presentation, **catabolism > anabolism**. Muscle weakness = breakdown of muscle or neuro etiology.
- Symmetrical and proximal weakness= systemic etiology.
- **CXR**: multiple diffuse bilateral opacities, multifocal consolidation. Most concernable for alveolar pathology. **ABG**: Hypercarbic vs hypoxemic respiratory failure.
- Airway occluded = cannot ventilate very well. **NM weakness + resp. failure:** HIV, NM diseases, inflammatory myositis.
- **Labs**: High LDH + WBC + uric acid = cell lysis. Lactate= hypoxemia and anaerobic metabolism. CT scan: tracheal deviation and GGO.
- **Female**: most common Germ Cell tumors - positive AFP. If lymphoma - what kind?
- Dysphagia was causing dyspnea. Diagnosis could just be made with tissue. **Neuroendocrine tumors derives from Neural Crest cells.** Thymoma - surgery. **Large cell vs small cell carcinoma**.