



06/18/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Renzo Moreno Macedo Case Discussants: Rabih Geha (@rabihmgeha) & Joshua Oommen
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Jahanvi)
CC: 36 Y M presents with 3 month h/o hemoptysis

HPI: -3 mo back the patient reported an episode of **spontaneous hemoptysis** (~50 mL). Since then, he has experienced intermittent productive cough with blood-streaked sputum
-1 mo back the cough worsened, and he had another hemoptysis episode (~100 mL).
-1 wk back symptoms persisted, prompting presentation to the ER.

ROS: Denies fever, weight loss, chest pain, diarrhea, or melena.

PMH: NS

Meds: NS

Fam Hx: His parents are farmers, raise chicken and pig (no sheeps or cows).

Social Hx: From Quillabamba.

Health-Related Behaviors:
4 Female sex partners in life, inconsistent protection.

Allergies:

Vitals: T: afebrile HR: 110 (in ER) BP: 110/70 RR: Sat: 98% RA BMI: (all other vitals stable in ER)
Exam: Gen: NA
HEENT: NA
CV: Regular heart rhythm without murmurs
Pulm: NA
Abd: NA
Neuro: NA
Extremities/skin: well perfused skin with normal turgor

Notable Labs & Imaging:

Hematology:

WBC: 4.45 (56% neutrophils, 31.3% lymphocytes) Hgb: 13.3 Plt: 248 (CBC Normal)

Chemistry:

Cr: 0.5 BUN: 28 Glucose: 81 AST: 15 ALT: 18 Bili: 0.4 (direct 0.1) Alk P: 106 (CMP normal)

Imaging:

Chest CT: **Pulm mass** measuring 5.6 cm X 5.8 cm in segments 9 and 10 of the left lower lobe
Abdominal CT: **Hepatic mass** approx 6.6 X 7.1 cm

Western blot positive for **Echinococcus granulosus**

Dx: **Echinococcus granulosus** affecting lungs and liver (Hydatid disease)



Problem Representation: 36 Y Peruvian male from rural endemic area with 3 months of recurrent hemoptysis, left lower lobe pulmonary mass and hepatic cystic lesion, positive Echinococcus granulosus serology, consistent with disseminated hydatid disease.

Teaching Points (Anmolpreet)

I] Hemoptysis: where is the blood coming from?? - single focus or multifocal or diffuse? - most commonly acute diffuse less quantity bleeding from airway irritation (bronchitis)
- What is the status of hemoglobin? Chronicity makes us think it is not brisk, but slow; - Bleeding => Iron deficiency
Key question with hemoptysis: **SHORTNESS OF BREATH**

II] Parenchyma vs Vascular (arterial/venous/capillary): acute hemoptysis makes us think of arterial bleed; subacute hemoptysis compromising lung function and presenting as shortness of breath signifies that vein and capillaries are involved. But a subacute hemoptysis without dyspnea signifies that a part of lung is affected; not the entire lung.

III] A lung lesion and a liver lesion: key question→ related or unrelated?; thinking of infiltrative diseases, infectious disorders like TB, parasitic conditions; check the immune status of the patient.

IV] Power of pertinent negatives: Multifocal (metastatic cancer, disseminated TB) - less likely to not have systemic symptoms or lab abnormalities.

"Prioritise serology over histopathological biopsy (only if necessary)."

V] Biopsies for suspected echinococcal disease are anyways generally avoided due to the associated risks such as secondary seeding (dissemination) or anaphylaxis.