8/21/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Ethan(@)* ***Case Discussants****: Rabih (@) & Nikola (@)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Lukas):

CC: 70 yo female p/w progressive SOB over the last 1-2 weeks

HPI: associated chest tightness, palpitations, productive cough

ROS (-): fevers, chills, sick contacts

PMH:
Right upper lung carcinoma with multiple metastases in bones, liver, lymphnodes, right adrenal gland and brain (EGFR 19del mutation)
Hypertension

Meds:
Osimertinib
Bisoprolol
Benzonatate
Cortisione acetate,
Amlodipine
Alprazolam
Famotidine

Vitals: T: 36,9°C **HR**: 161/min **BP**: 93/56 **RR**: 14 **Sat**: 98% on RA
Exam: Gen:
HEENT: - **CV**: -
Pulm: bilateral coarse breathing sounds with mild decrease on the left side of her chest
Abd: - **Neuro**: 3x oriented
Extremities/skin: no peripheral edema

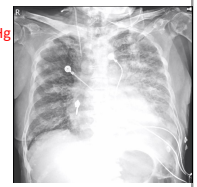
Notable Labs & Imaging:



ECG: AFRVR
CXR: partial atelectasis/consolidation in retrocardiac region

Labs:
WBC: 8k Hgb: 10,2 Plt: 241
Na: 130 K: 3,9 Ca: 8,9 Mg: 1,8 BUN: 18,9 Cr: 0,9
AST: 23 ALT: 18 T. Bili: 0,9 LDH: TSH/T4 free: wnl TnI (Trop): wnl aPTT 27,9 INR: 1,5 CRP: 52,76 PCT: 0,09
Covid influenza: negative BC: pending

Course: central line was placed, norepinephrine initiated. Empiric therapy with ceftazidime and doxy was started
Echo: dilatation of left atrium w/ normal wall thickness, normal LV and RV systolic function with both normal wall motions. Grade 1 diastolic dysfunction. Mild MR and TR regurgitations. Pulmonary hypertension (PASP 43 mmHg)
Course: Amiodarone started, returned to normal rhythm. Relapse AFib and progressive hypoxemia. Escalation to non rebreathing mask with 15 liters.
aBGA: pH 7,495, PaCO2: 32,3 mmHg HCO3-: 24,3 PaO2: 57,7 mmHg
Repeat CXR: rapidly worsening bilateral pulmonary infiltrates, left > right, left costophrenic Angle blunting
→ received IV furosemide 80 mg without meaningful respiratory improvement; PaO2 remained 59,5 mmHg
→ intubated



BC: positive for staph hominis ½ sets, sputum wnl
Labs: NT-Pro BNP: 2068 LDH: 376 Urine legionella Antigen negative;
Serum Antigen/PCR (-): aspergillus, mycoplasma, CRYPAG, chlamydia, HSV, CMV
Sputum PCR (-): covid, legionella, pjp, influenza a/b
Course: Empiric TMP-SMX discontinued. After negative infectious workup was kept on levofloxacin, started on IV hydrocortisone
Q12H in ICU; patient improved, extubated, still in need of supplemental oxygen, but tapered on NC 3 L

CTPA + HRCT: known RUL lung cancer post treatment 1.8 → 2.4 cm. Progressive nodal metastases in mediastinum Focal filling defect in right pulmonary artery. Mild progression of bone metastases. Diffuse mosaic attenuation and GGOs, interlobulary septcal thickening. Multiple pulmonary nodules (suspected lymphangiosis carcinomatosa). New left pleural effusion.

Course: Steroid tapered down, Abx discontinued. Osimertinib restarted. Has been stable since, no relapse. 10 days after discharge CXR showed improvement with remaining infiltrates.

Dx: Reversible inflammatory pneumonitis with possible osimertinib association on the background of progressive metastatic lung adenocarcinoma (no definitive diagnosis)

Problem Representation: 70 yo female patient with known lung cancer on tyrosine kinase therapy p/w progressive dyspnea developing rapid ARDS without infectious focus

Teaching Points (Eyron)

Frame The Problem
Immunocompromised vs. Immunocompetent
-Management of a patient with neutropenia vs. immunocompetent patient will differ

Types of Vasodilatory Shock CAnAd(a)S
Cytokine Release Syndrome
Anaphylactic shock
Adrenal shock
Septic shock

Tachycardia and Hypotension
What is the relationship?
-Usually tachycardia is compensation for hypotension

CXR
Can dx HF, PTX, CAP, otherwise, further imaging is needed

Causes of Fluid Buildup
Intact Vessel with High Pressure (e.g., cardiac)
Open Vessel Hemorrhage
Inflammation-induced Leak (e.g., ARDS)

ARDS Treatment
Polyclonal Cells - Withhold trigger/Steroids
Monoclonal Cells - Chemo
Fluid - Diuresis (careful in shock)
Pus - Antibiotics
Blood - Steroids