# 8/13/26 Morning Report with @CPSolvers

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

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

Scribing (Jahanvi):
**CC**: 59YM with 1 week of progressive SOB & cough.

**HPI**: Progressive SOB with acute dry cough, associated with 2 episodes of nausea/vomiting, Outpatient treatment oral abx (otc)

**ROS**: No fever, no chest pain, no abdominal pain, No unintended weight loss or night sweats , No dizziness, lightheadedness, diarrhea, urinary symptoms. No recent illness, or sick contacts.

**PMH**:

**Meds**: Took OTC antibiotics

**Fam Hx**:

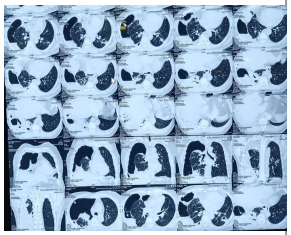
**Social Hx**: Fisherman, India

**Health-Related Behaviors**: Alcohol 3x/week
No habits of smoking

**Allergies**: NA

**Vitals**: **T**: afebrile **HR**: 100 **BP**: 110/80 **RR**: 19 **Sat**: 96% room air
**Exam**: **Gen**: alert, mild distress
**CV**: tachycardic, regular rate/rhythm
**Pulm**: **Decreased breath sounds on right, bilateral crackles (right>left)**
**Abd**: soft, NT
**Extremities/skin**: No pedal edema, No erythema, no lymphadenopathy

**Notable Labs & Imaging**:



**Hematology**:
WBC: 9160 (marked left shift with 90% polymorphs, 7% lymphocytes- relative lymphopenia)
Hgb: 11.1 Plt: low N

**Chemistry**:
Na: 131 K: 3.9 Cl:93.2 Ca: 8.6 Glu: 183
AST: N ALT: N ALP: N T. Bili: N T. protein: 7.3 Alb: 2.1 protein gap: 5.2 (elevated)
ESR: 58 CRP:69.7 LDH:221 Uric acid: 1.9
Corrected Ca: 10.5

**Imaging**:
CT Chest: **Right Hydropneumothorax with a RLL consolidation and collapse**; **Cavitating consolidation, LLL;** Reduced right lung volume; Mediastinal lymphadenopathy (largest node 8mm ); Left pleural thickening

Pt received piptaz antibiotic empirically→

Pleural fluid cytology: Inflammatory smear- neutrophils, eosinophilic background fluid (consistent with exudative , non TB, non malignant parapneumonic empyema type process), TB NAAT: negative

**FINAL DIAGNOSIS: Necrotizing pneumonia with secondary hydropneumothorax**

**Problem Representation**: 59Y M with progressive SOB and cough, right hydropneumothorax and cavitary lesions, inflammatory markers and culture negative pleurocentesis consistent with culture negative necrotizing pneumonia (empirically treated with Anti TB)

**Teaching Points (Lourenço)**

- **SOB and cough** - hypoxemia is severe, so address it first (cardiovascular VS respiratory VS other). The cough localizes the SOB to the airways.
- **Reduced breath sounds** - equate it to pleural disease, while crackles indicate alveolar filling or interstitial pathology. But beware of the low sensitivity of the physical exam. Resort to other ways to confirm (e.g., chest X-ray, <3 POCUS).
- **Albumin and subacute *tempo*** - the fact that there's a protein gap and low albumin points to a disease that has been going on for longer than the 1 week. The protein gap is commonly associated with multiple myeloma, but the super low albumin argues against MM, since the disease would have to be severe and advanced (which it doesn't seem to be the case).
- **Lymphopenia** - typically present in chronic viral infections, specially when paired with elevated total protein. Rule-out HIV infection!
- **Hydropneumothorax** - air comes from the outside, from the lungs or from the oesophagus. It usually comes from a microscopic hole in the lungs (**Rx!**, Dx not so much). The hydrothorax points to a giant hole in the lung (i.e., the cavitary lesion), since it needs to be bigger to seep fluid to the pleural space (**Dx and Rx!**).
- **Chronic cavitary lung lesions** - think of Paragonimiasis (DDx: TB, aspergillus, entamoeba histolytica, echinococcus, mycobacterium marinum, nocardia).