

GPCME

Rotorua 2012

- Case Presentation -

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General Physician
Respiratory Interest
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Outline

1. Introduction Clinical Reasoning
2. Presentation of Case

Panelists : Steve Allpress
Rosemary Ikram
Ross Boswell
Peter Gendall

3. General Discussion and Questions

Clinical Reasoning

Hx



Px



Lab



Working Dx



Plan



Clinical Reasoning



Case

Mr M, a 42 year old builder, presents with a 3/12 history of generalised fatigue.

No history of weight loss, night sweats, sleep disturbance, new meds, low mood, rash, arthritis, or change in bowel motions.

SI cough – dry

PMHx

Atypical CP – ETT / Echo – normal
Chronic 'rhinosinusitis'

- Perennial
- Non-atopic/seasonal

Obesity

Wt 101 kg BMI 36.7

Reduced Libido

Testicular resection Age 10

Infertility – low sperm count

PMHx (contd)

Mechanical LBP with sciatica
> 10 years; Builder

Classic Migraine

Meds

Otrivine prn only

Non-smoker

Binge Etoh 10/week



Exam

- Post nasal drip
- One testicle
- Nil else

Fatigue

PHx

- sinus

- CP

- infertility

- Back pain

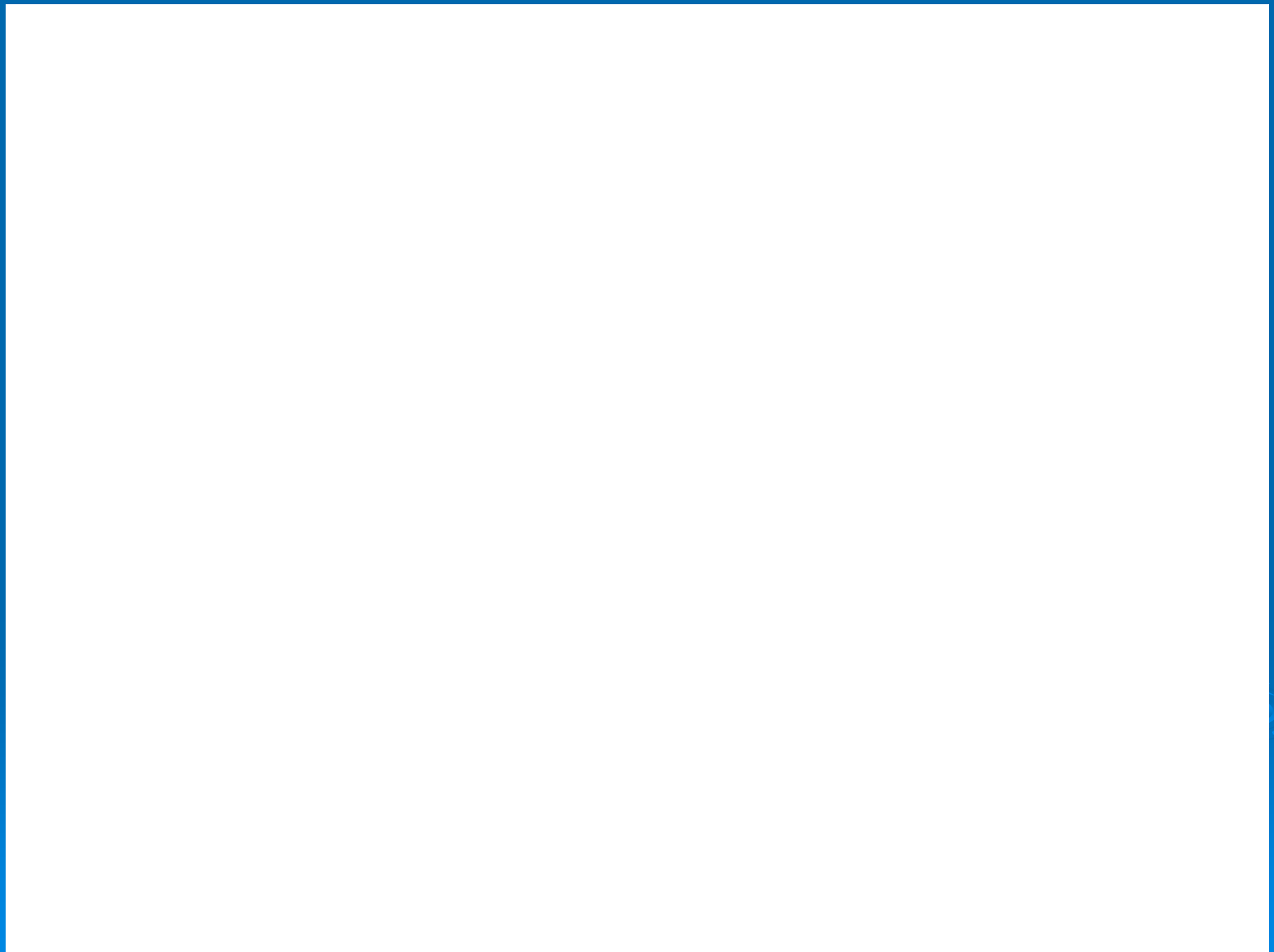
Px?

- PND

- 1 test

Differential Diagnosis?

1. Sinusitis?
2. Low testosterone?
3. Obstructive Sleep apnea?
4. Chest pathology?
5. Other?



Fatigue

PHx

- sinus

- CP

- infertility

- Back pain

Px?

- PND

- 1 test

Results:

➤ CXR - normal

* Fe - 4

* TIBC - 24

Ferritin - 59

* Hb - 116

MCV - 84

* ESR - 62

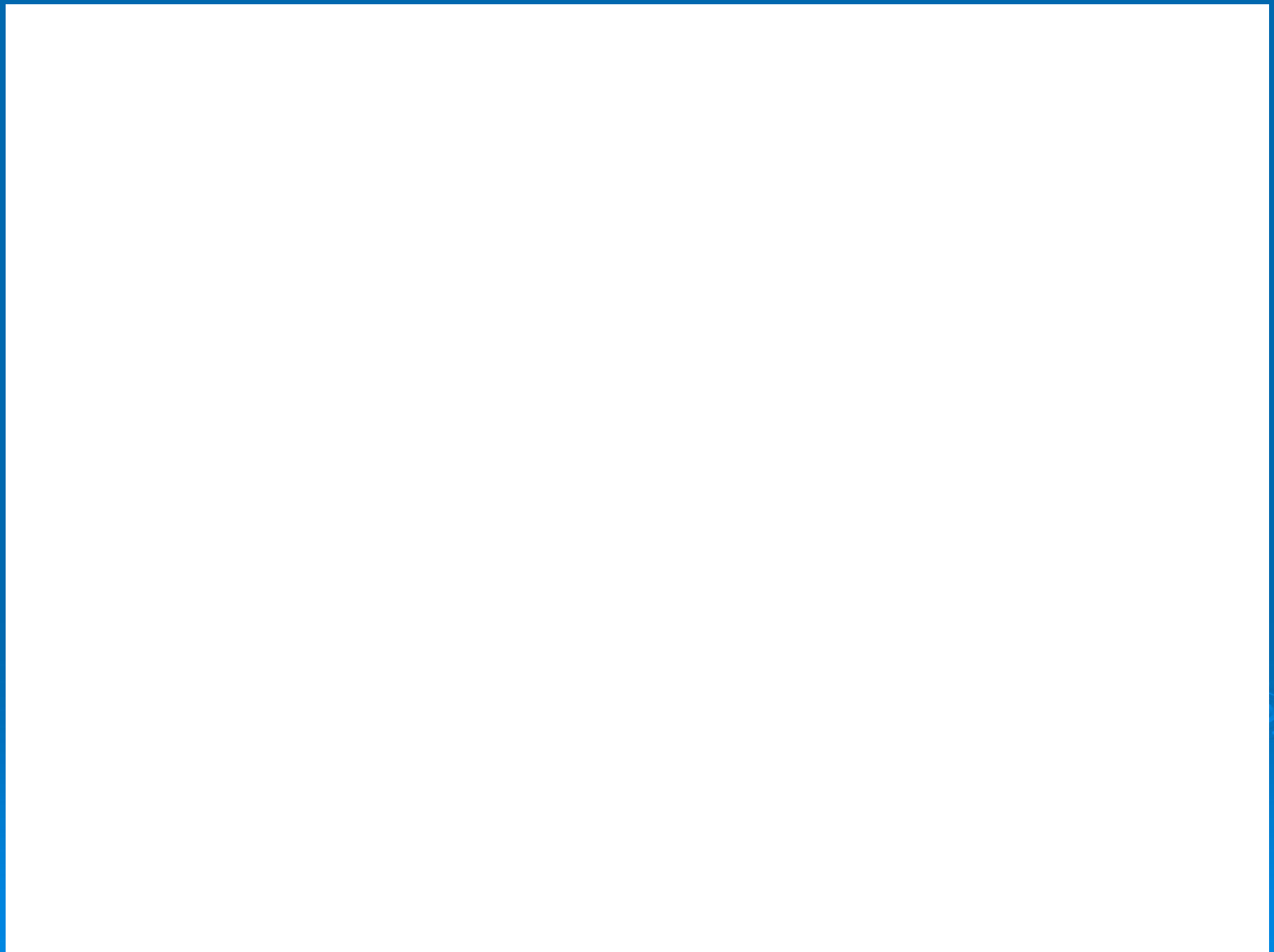
Na, K⁺, TSH, Ca, FBG - normal

* AST - 56

Toxo, CMV, EBV - negative

Testosterone - 8.1

* Vit D = 37



Follow-up visit – Day 10

MSU = 50 - 99 RBC
= 10 - 49 WCC
= 1 - 10 epithelial cells
- no casts

? Irregular surface to testicle

? 1.5 cm LN Rt post SCM triangle

Fatigue

PHx

- sinus

- CP

- infertility

- Back pain

Px?

- PND

- 1 test

Progress – Day 32

- Urology review of testicle normal
- Unable to feel cervical LN
- Hematuria persists

Progress – Day 44

History reviewed – Back pain only

ESR – 74 Ferritin – 226

 MRI Back (+ kidneys)

Progress – Day 50

Presents with cough, fever, SOB, BP 110/50,
HR-105, RR-32, O₂ sat 91%

Progress – Day 53

MRI = multilevel (T₂, L₁, L₂-
4) diffuse signal change= ?
Lymphoma or infiltrative
process

Progress

- Chemo
- Autologous BMTx
- CNS relapse

Progress – 28 months

CSF = T-cell leukemia

Wrong Dx !!

* ACC

Summary

1. CR – Beware mistake
2. Testosterone measurement
3. Sinusitis –Dx + Rx

Summary

4. Iron studies
5. Hepatitis tests
6. Vit D
7. Ix fatigue

Summary

8. Radiology

- Back pain
- hematuria

9. Pneumonia

- Rx

Thank You !

