

## Case scenario to be discussed on 21-9-2020

### HISTORY

Mr X a 52 year old male resident of Panambur, a carpenter by occupation has come to OPD with

Chief complaints:

Breathlessness x 2 years

Cough with expectoration x 2 years

Generalised weakness for 6 months

Pedal edema x 1 month

### HISTORY OF PRESENTING ILLNESS

#### BREATHLESSNESS

Duration x 2 years, gradual in onset, progressive in nature, MMRC class 3 now

- Relieved by rest and medications
- No orthopnoea/PND

#### COUGH

Cough with expectoration, not associated with blood, No diurnal variation of cough, No postural variation of cough

#### SPUTUM

Minimal quantity, Whitish in colour, on foul smelling

Not associated with blood

Generalised weakness since 6months

History of pedal edema present for the past 1 month, No h/o fever,

No history of wheezing,

No h/o chest pain,

No h/o Hemoptysis

No h/o Decreased urine output, abdominal distension

#### PAST HISTORY

- H/o of pulmonary tuberculosis twenty years back, completed treatment and cured
- Not a diabetic, asthmatic, cardiac ailments, no h/o any exposure to occupational hazards

#### PERSONAL HISTORY

- Non-smoker,
- Occasional alcohol consumption
- No loss of Appetite
- No loss of weight
- Normal sleep, bowel and bladder habits

#### FAMILY HISTORY

No history of tuberculosis in the family and no respiratory illness in the family members

#### TREATMENT HISTORY

Treated for pulmonary TB twenty years back. On and off bronchodilators for the last two years

#### GENERAL EXAMINATION

- Conscious, oriented
- Tachypnoeic
- Afebrile
- No pallor
- No icterus
- **digital Clubbing +(Grade 3)**
- No cyanosis, no lymphadenopathy
- **Bilateral Pedal edema +**

#### Vitals

- Pulse: 90 /min
- Sinus rhythm
- Normal volume and character
- All peripheral pulses are felt well
- No radio radial/radiofemoral delay
- No vessel wall thickening
- Blood pressure: 130/90 mm Hg in right upper limb in supine posture
- Respiratory rate: 28/min, abdominothoracic
- JVP: Elevated

**RESPIRATORY SYSTEM EXAMINATION**

- Upper respiratory system normal

**Examination of chest****Inspection**

Flattening of the chest on left side  
Trachea appears to be deviated to left  
Apical impulse not visualised  
Accessory muscles of respiration are used  
Drooping of shoulder to left

Bilateral supraclavicular hollowing present (left > right)

Left infraclavicular hollowing present  
Respiratory movements appear diminished on left hemithorax  
Vertebral border of scapula is prominent on left side  
No scars, sinuses, dilated veins over chest wall

**Palpation**

Trachea confirmed to be shifted to left  
Apex beat could not be localised  
Diminished anterior, posterior, upper thoracic movements on left side  
No localised tenderness  
VF reduced on the left side

**Measurements**

Total chest circumference: 82 cms  
Right hemithorax: 44 cms  
Left hemithorax: 38 cms  
Chest expansion: 2 cms  
Hemithorax expansion reduced on the left side  
Anterio posterior diameter: 22 cms  
Transverse diameter: 34 cms

**PERCUSSION**

Impaired note on the left side, Resonant note on the right side

Liver dullness is pushed down

Traubes space not obliterated

**AUSCULTATION**

decreased intensity of breath sounds on the left side

Left suprascapular and interscapular bronchial breathing heard  
Left supraclavicular, infraclavicular, axillary, cavernous bronchial breathing  
Harsh vesicular breath sound heard in all other areas on the right  
VR reduced on the left side

**Added sounds-** Fine inspiratory crackles present in left mammary, axillary, infrascapular areas

**CVS-S1S2** present

**ABDOMEN-** Soft, no organomegaly

**CNS-** No flaps, no deficits

1. What are the causes for chronic breathlessness?
2. Describe MMRC grading of breathlessness?
3. What are the causes for chronic cough?
4. What is the significance of taking history of sputum quantity and color?
5. How does the past history and personal history contribute in diagnosis of this case?
6. What are the long term complications of pulmonary tuberculosis?
7. What is the significance of occupation in this case?
8. What is the possible cause for pedal edema in this case?
9. What is your DD s for this case?
10. What are the causes of clubbing?
11. What do the inspection findings suggest?
12. What are the conditions causing dull note on percussion?
13. Where do you get stony dull note on percussion?
14. Where do you get hyper resonant note on percussion?
15. What are the causes for decreased breath sounds?
16. Enumerate conditions causing bronchial breath sounds?
17. Name conditions where VF /VR are decreased?
18. What are fine and coarse crepitations , give causes for each?
19. What would you like to look for in other system examination?
20. What is your diagnosis at the end of examination?
21. What investigations you would like to order?
22. What are the possible etiologies for this condition?
23. What are the chest X-ray findings in such a case?
24. What are PFT findings in such a case?
25. What is the role of sputum examination?
26. What is the role of CT chest in this condition?
27. What are the possible complications in this lung condition?
28. What are the treatment goals for this patient?
29. Any role for surgical intervention for this patient?
30. What is pulmonary rehabilitation?