






CASE PRESENTATION

BY DR.P.SATYA PRIYA
DEPT OF PULMONOLOGY
PG 1ST YEAR

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- A 60 year old male patient farmer by occupation came with the chief complaints of SOB and cough with expectoration since 3 months
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History of presenting illness

- SOB: Insidious in onset, gradually progressive, grade 3(MMRC) not associated with any aggravating or relieving factors, no diurnal or postural or seasonal variations.
- COUGH: Gradual in onset associated with expectoration which is scanty, non foul smelling, mucoid in consistency, whitish in colour. Cough is not associated with any postural, diurnal or seasonal variations

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- . No history of haemoptysis
chest trauma
fever
pedal oedema
decreased urinary output
syncope, palpitations
orthopnea, PND
Foreign body aspiration
Convulsions

History of past illness

- k/C/O COPD from past 3 years not on regular medication
- Past history of TB 10 yrs back took ATT for 1 month
- NO history of diabetes
 - hypertension
 - asthma
 - epilepsy
 - cardiovascular diseases
 - malignancies

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- Family history: No History of DM, HTN, TB, epilepsy, Asthma, CAD in the family

No H/O Infertility in family

- Personal history: Married 30 yrs back, Had 3 children

Appetite: Lost

Diet: Mixed

Sleep: Adequate

Bowel and bladder: Normal

Chronic smoker- 45 pack years

Chronic alcoholic



General physical examination

- Patient is conscious, coherent, co-operative, moderately built and moderately nourished with BMI-19.6
- Clubbing of grade 3
- No pallor, icterus, cyanosis, lymphadenopathy, edema
- Head to toe examination: normal
- No scars, sinuses, visible swellings



- VITALS:

BP-110/70 mm hg supine position,
measured in right brachial artery

PR-110 per minute, measured in the
right radial artery, normal in rhythm, character,
volume, no radio radial delay, no radio femoral
delay, all peripheral pulses felt

RR- 28 cycles/min, abdominothoracic

Temperature- afebrile

SpO₂@ room air 76%


Respiratory examination


INSPECTION:

Upper respiratory tract:

Nasal cavity- No DNS, No polyps, No hypertrophy of turbinates and no PNS tenderness

Oral cavity- Good hygiene, Staining of teeth present, No visible ulcers, No loose dentures, Soft and hard palate normal, No post nasal discharge

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- Lower respiratory tract-
 - Shape-bilaterally symmetrical, transversely elliptical in shape
 - Respiratory movements-equal on both sides
 - Trachea-central in position
 - No kyphosis, scoliosis
 - No scars, sinuses, engorged veins
 - No drooping of shoulder, muscle wasting
 - No intercostal indrawing, No use of accessory muscles of respiration
 - Apical impulse not seen

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- Palpation-
 - Inspectory findings confirmed
 - Chest bilaterally symmetrical
 - Respiratory movements equal on both sides
 - Trachea central in position
 - No local raise of temperature and tenderness
 - Apex beat at right 5th ICS, tapping type
 - Tactile vocal fremitus- increased on left
ISA, IAA, MA



- Percussion-

- Direct- Normal resonant note heard

- Indirect- Impaired note heard left 5th ICS

- Impaired note at 4th right ICS ? Cardiac dullness

- Tympanic note at right 6th ICS


- Auscultation-

- Bilateral air entry present

- coarse crepts present in left ISA,IAA,MA

- TVR- increased on left ISA,IAA,MA




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- CVS- S₁ and S₂ heard on the right side
No murmurs and thrills
 - Per abdomen-Shape of the abdomen- scaphoid
 - No tenderness, No scars, sinuses and engorged veins
 - Liver and spleen not palpable
 - Bowel sounds are heard
 - Genitals-NAD
 - CNS-NAD



PROVISIONAL DIAGNOSIS

- Left lower lobe consolidation with dextocardia with COPD
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- Patient was empirically started on
 - 1) Antibiotics
 - 2) Nebulisation
 - 3) Anti tussives
 - 4) Oxygen inhalation

Investigations

- CBP

Hb-13 gm%

TLC-1200/cu mm

PC-2.07 lakhs/cu mm

Ng0%,L6%,E2%,M2%,Bo

- ESR-65mm
- CUE-WNL
- Viral serology- non reactive



- RFT-

Blood urea-86 mg/dl

Serum creatinine-2 mg/dl

Serum sodium-136 mmol/l

potassium-2.5 mmol/l

chloride-99 mmol/l

- ABG-

PH-7.34

PCO₂-39.2

PO₂-54.6

HCO₃⁻-19.8

SPO₂-87.6



- LFT-

TB-2.22 mg/dl

DB-1.33 mg/dl

AST-30 IU/L

ALT-22IU/L

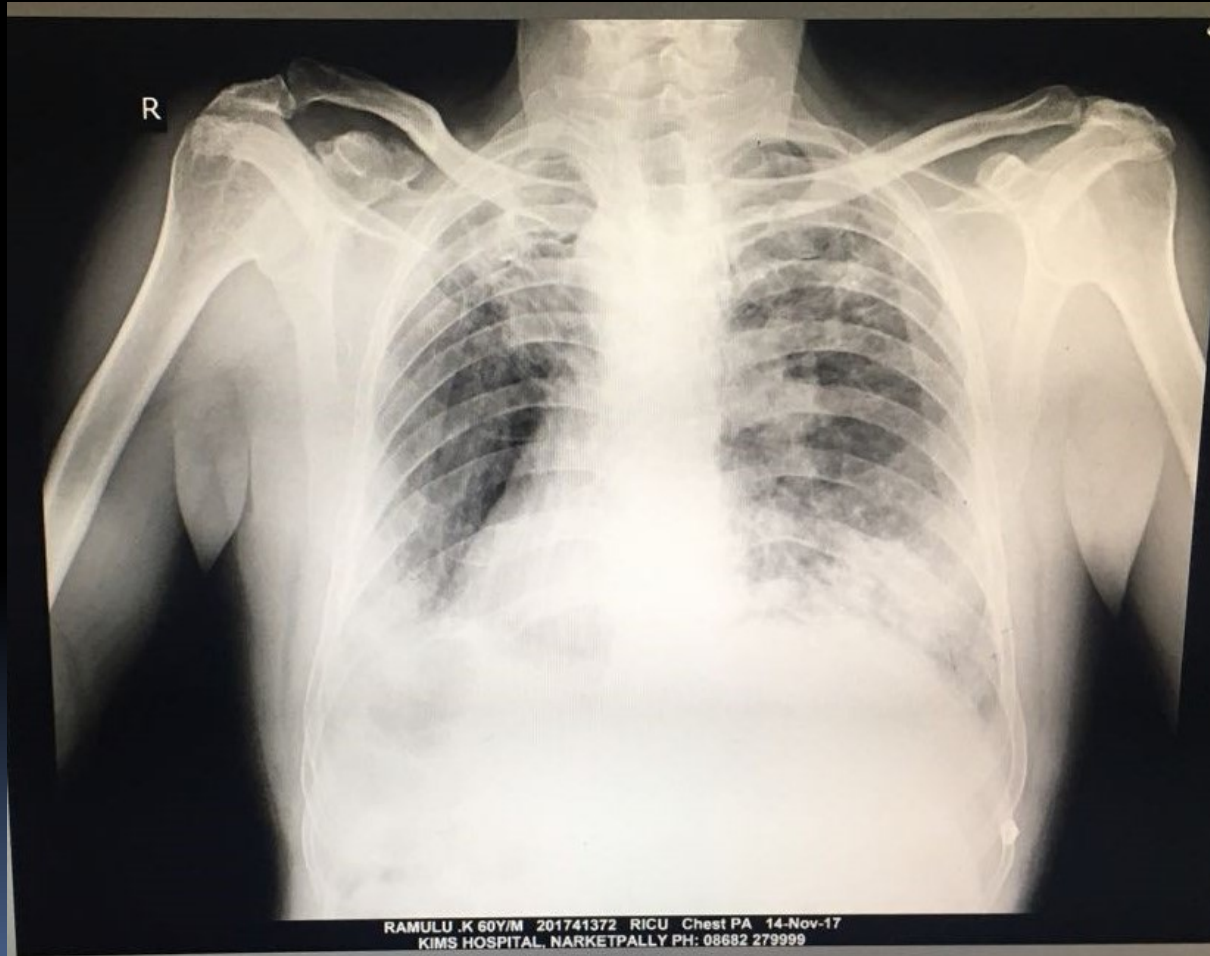
ALP-88 IU/L

TOTAL PROTEINS-5.7 mg/dl

ALBUMIN-3.2 mg/dl


A/G RATIO-1.28

CHEST X RAY

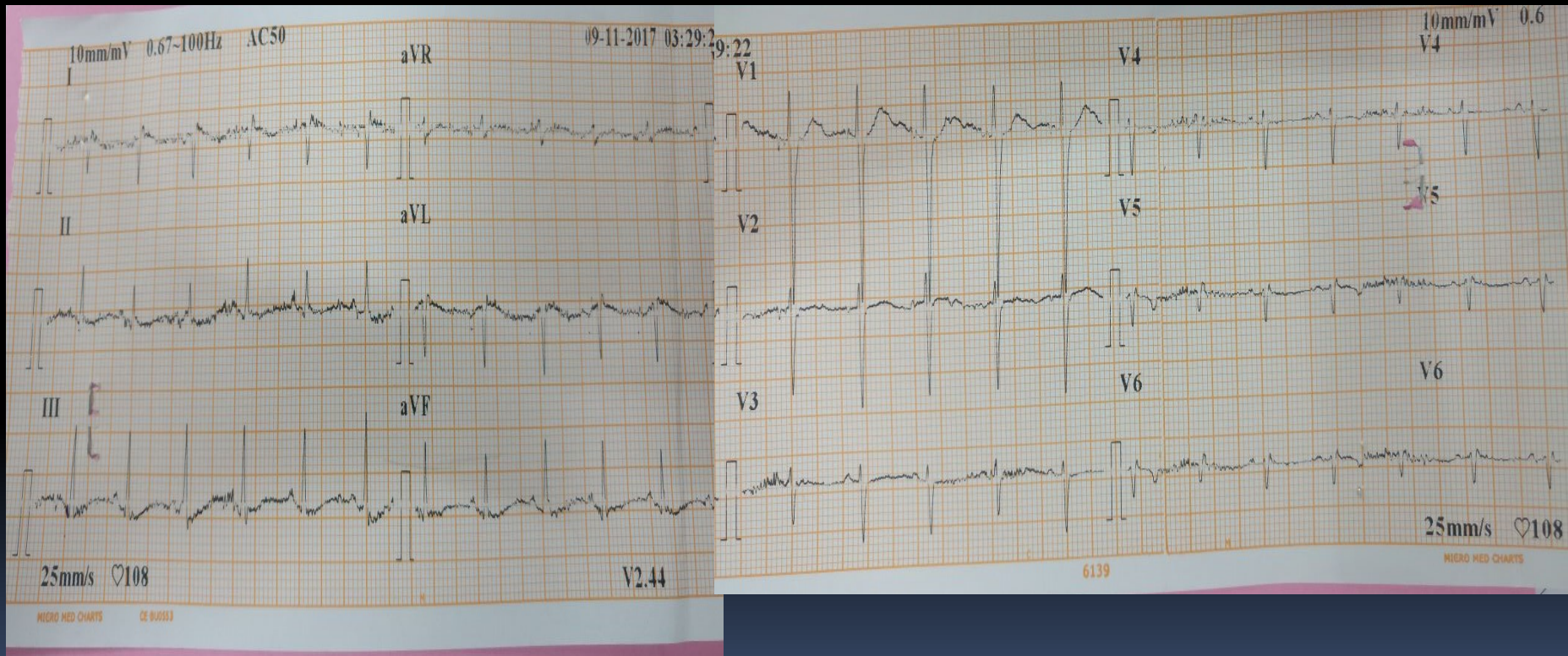




USG ABDOMEN

- Liver appears to be on the left side and spleen appears to be on the right side
 - Slightly raised echo in both kidneys
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ECG



2D ECHO

- Dextocardia

EF of 60 %

RVSP 48 mm hg

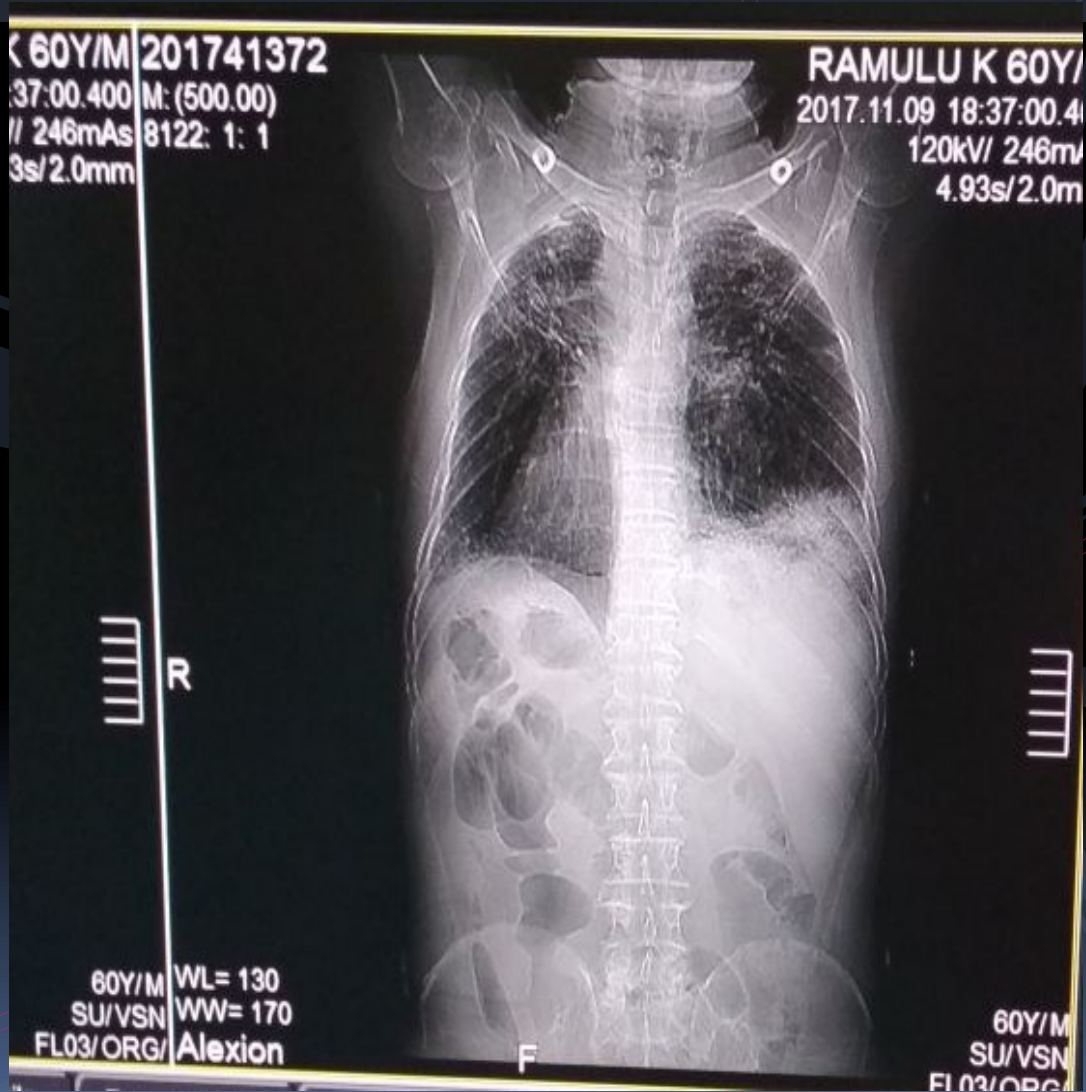
Good LV systolic function

Mild PAH

Diastolic dysfunction

CT CHEST

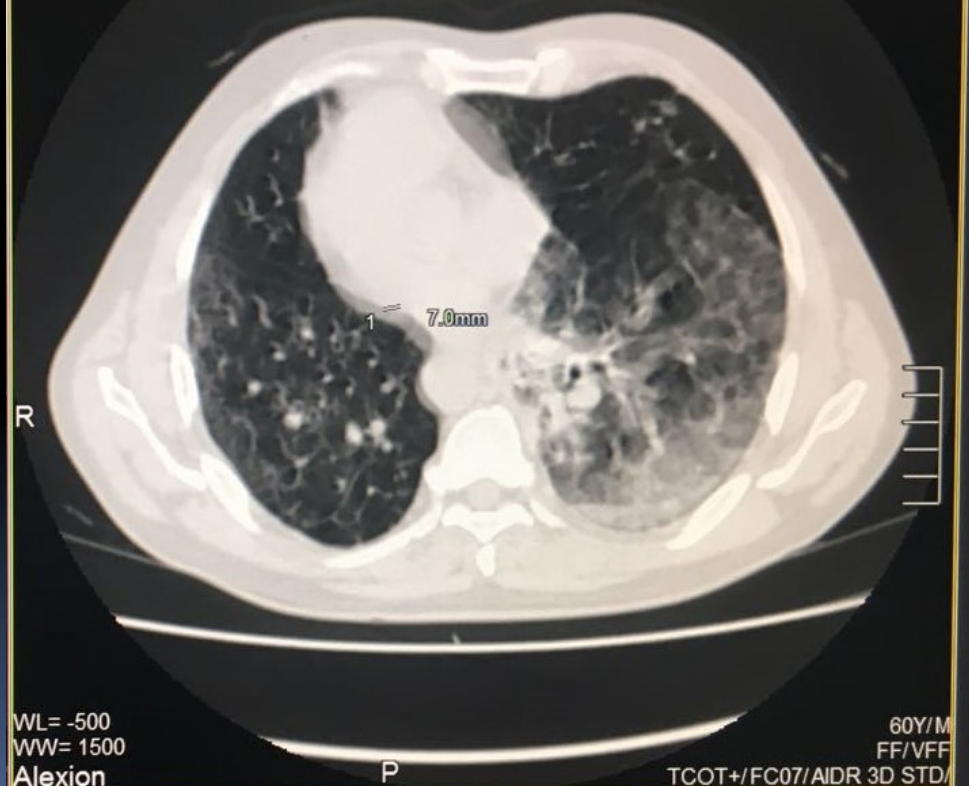
- Lobar air space consolidation involving left lower lobe with mild bulging of major fissures with d/d of infective consolidation, adenocarcinoma, lymphoma
- Fibrotic changes in both lobes with small cavity in posterior segment of right upper lobe suggestive of old kochs
- Bronchiectatic changes in the lingula, apical and postero-basal segments of left lobe
- Situs inversus with dextocardia





201741372
L: (349.38)
8122: 5: 10202
160.8mm

RAMULU K 60Y/M
2017.11.09 18:38:31.815
108mAs/EC
1.0mm
HP15.0



WL= -500
WW= 1500
Alexion

60Y/M
FF/VFF
TCOT+/FC07/AIDR 3D STD/

FINAL DIAGNOSIS

- LEFT LOWER LOBE BRONCHIECTASIS
COMPLICATED BY CONSOLIDATION WITH
COPD WITH **SITUS INVERSUS TOTALIS**
WITH DEXTOCARDIA

THANK YOU