CASE 2

Respiratory Case

Presenter - Dr. Shailesh Agarwal

Moderator - Dr. Arjun Khanna

HISTORY - A 22 year male , non smoker with past history of bilateral maxillary sinusitis and occasional cough presented with increasing fever, shortness of breath , cough with profuse yellowish expectoration for the past 7 days. Detailed history revealed that the patient had not been keeping well for the past 1 year. He was diagnosed with community acquired pneumonia an year ago and had been given antibiotics for the same. A repeat x ray after 2 months revealed persistence of the radiographic abnormalities with additional infiltrates in the contra lateral lung. The patient was given another course of antibiotics. Over the next 10 months the patient was evaluated by multiple physicians and had been started on empirical ATT twice, which he took only for few weeks and stopped . During this duration the patient had undocumented fever, lethargy, occasional shortness of breath, which would usually be aggravated after swimming.

Family history revealed that the mother of the patient had bronchial asthma and his cousin had died of respiratory failure due to sarcoidosis associated ILD.

Examination - The patient was febrile, was hemodynamically stable , but was in respiratory distress. General physical examination revealed bilateral eczematous lesions on the neck and forearms.

respiratory system examination - revealed decreased breath sounds on the right upper and mid zones, added coarse crackles bilaterally and right sided cavernous breath sounds over the mid chest.

Chest X Ray - Multiple chest x-rays showing variable areas of consolidation , x-ray on admission was suggestive of lung abscess on the right side.

CECT Chest - Bilateral infective bronchiolitis with tree in bud opacities, bronchiectasis , bilateral parenchymal infiltrates, few subcentimetric mediastinal lymph nodes

X-Ray PNS - waters view- bilateral maxillary sinusitis

Sputum - AFB 2 samples negative , Gram stain - gram positive cocci in chains, culture - Klebsiella sp , sputum gene xpert - negative

Bronchoscopy - bilateral normal airway anatomy, thick viscid secretions bilaterally present.

USG Abdomen - mild hepatomegaly

Hospital Course - Patient was treated with broad spectrum antibiotics , chest physiotherapy and postural drainage and is under regular OPD follow up.