No financial interests to report
A 84 yo M with a PMHx of BPH s/p TURP, ampullary mass s/p ERCP and removal, inflammatory arthritis NOS who presents with shortness of breath, chest pain and fevers.
Case Presentation: Prior to presenting to BI Needham

- 8-10 weeks ago he had an injury lifting wine barrels which resulted in bilateral shoulder pain and insomnia but no other recent changes in PMHx
- 6 days prior to presentation, he reports feeling a “knot in his chest”, not exertional and worse with deep breathing
- Also noted some diaphoresis, sob and cough with a fever of 102.5 F in the last several days
- No diarrhea, no CV or Pulm history other than a pneumonia 25 years ago
Case Presentation: In BI Needham ED

- His main complaints on presentation are a mild non productive cough, DOE and overall fatigue
- Denies LE edema or chest trauma
- ROS also positive for myalgias, anorexia (decreased po intake) negative for arthralgias
Past Medical and Surgical History

- Prostate resection for BPH in 1998, persistent urinary symptoms with negative prostate biopsies X2
- Double herniorrhaphy 25-30 years ago
- GERD c/b Shatzki’s ring s/p dilation-normal EGD 2009
- Ampullary mass, s/p removal by ERCP – pathology negative for neoplasm, was inflammatory type polyp
- Inflammatory polyarthritis (hands, left shoulder and knee)arthritis- Dx in 2010, s/p knee injections and trial of Colchicine, RF negative, seen by Rheumatology last 2010
- Erectile Dysfunction-no response to Viagra or Cialis
- Left knee medial meniscal tear and patellofemoral arthritis s/p injection in 4/2013
- Hyperlipidemia-stopped Lovastatin in 2012 due to arm pain
- Negative Stress Test 2009 for CP which was likely due to reflux
- Subclinical hypothyroidism
Case Presentation: Allergies and Medications

- Allergies:
  - Iodine and influenza vaccine—both resulted in syncope
- Medications:
  - ASA 81 mg QD, Omeprazole 20 mg QD, Vitamin E QD and Vitamin D 800 mg QD
Case Presentations: Social and Family History

- Social History
  - Lives in a private home with his wife, monogamous
  - Possible sick exposures with a person with a cough 1 week ago, no travel, no known TB exposure
  - Quit smoking 30 years ago, was only a social smoker prior to that, 2 glasses of wine a day, no drug history

- Family History
  - Father had colon cancer as did several other family members, mother had a cerebral hemorrhage died 59 yo, brother had throat cancer and son had leukemia at 6 yo and died
VS: T-96.3F, HR 80, RR24, BP 130/70, SaO2 is 96% on 2L
General: NAD but breathing with pursed lips which he reports is his baseline, leaning forward, not using accessory muscles of respiration
HEENT: OP clear, MMM, JVP is 12 cm H2O
CV: No Rubs, murmurs or gallops, no palpable abnormalities
Lungs: Crackles in the lower 1/3 of his bilateral lung fields
Case Presentation: Physical Exam 2

- Abdomen: non-tender, non-distended, no rebound, no guarding
- Extremities: warm and well perfused, trace bilateral lower extremity edema to ½ up tibia
- Neuro: CN and MS wnl, strength and sensation are wnl
- Derm: no obvious rashes
Case Presentation: Laboratories

- WBC 10.5, Hgb 13, Hct 39.6, plt-234, INR 1
- Na 130, K 3.6, Cl 91, HCO3 28, BUN 15, Creatinine 1.01, Glucose 195
- UA: Bilirubin 1, Urobilinogen 4, otherwise normal