

Clinical Pathologic Conference

2016.10.07

Name : 邱○○	Presented by :	腫瘤內科	廖繼鼎醫師(1)(7)
Age/Gender : 54 y/o male	Discussed by :	胸腔內科	王智亮醫師(5)
Race : Taiwanese		胸腔外科	吳怡成醫師(3)
Marriage : divorce		影像診療科	李禹賢醫師(2)(6)
Occupation : construction worker		解剖病理科	陳冠樺醫師(4)
OPD : 2013.05.08.	Moderator :	薛純教授	

Chief complaint: progressive right chest pain for 1 month

Present Illness

This 54-year-old man was a heavy smoker and had history of left nephrolithiasis status post extracorporeal shock wave lithotripsy (ESWL). This time, he suffered from progressive right chest stinging pain for 1 month. The pain initiated from right lower chest and gradually progressed in the past month. The painful area involved the entire right anterior chest, right axillary area and right upper back. He denied the pain radiating to left chest, abdomen or neck. The pain was persistent and precipitated by direct compression such as lying on bed. Specific position or movement, such as decubitus position or right arm elevation, also aggravated the pain. He had intermittent fever with highest temperature of 38.5C. Cough with white and yellow sputum was also noted in the past month.

He visited Saint Paul Hospital for help. CXR and CT scan of chest showed right pleural lesion and right pleural effusion. According to patient's statement, aspiration and biopsy were performed but no definite diagnosis was made. Oral medication did not relieve his chest discomfort but caused his abdominal pain. Hence, he was transferred to Chang Gung Memorial Hospital. He visited outpatient pulmonary clinic. Repeated aspiration of right pleural effusion also reported negative finding. Pulmonologist suggested VATS for pleural biopsy. Thus, he was admitted to the thoracic surgery service for further survey and treatment.

PHx: left nephrolithiasis, status post extracorporeal shock wave lithotripsy

Denied other medical disease, surgery, or history of trauma

Smoking: 1.5 PPD for 15 years

Denied alcohol drinking or betel-nut chewing

No known drug or food allergy history

Denied recent traveling history

FHx: No family history of malignant disease

PE: T36.7°C/P98/R16, 177/89 mmHg, 163.6 cm, 62.3 kg

GENERAL APPEARANCE: in mild distress, ECOG Performance status: 1

CONSCIOUSNESS: Clear, E4V5M6, pain score 2

HEENT: not icteric, not pale

NECK: no thyroid goiter or lymphadenopathy

CHEST: clear breathing sound at left side, decreased breathing sound at right side, right side tenderness during percussion

regular heart beat without audible murmur

ABDOMEN: soft and distension, active bowel movement, RLQ tenderness

EXTREMITY: freely movable

Blood sampling data:

Hb (g/dL)	14.0	BUN (mg/dL)	12.3
RBC (10 ⁶ /μL)	4.66	Cr (mg/dL)	0.70
Hct (%)	43.1	AST (U/L)	14
MCV (fL)	92.5	ALT (U/L)	11
RDW(%)	13.0	Na (mEq/L)	141
Platelet (1000/uL)	414	K (mEq/L)	5.0
WBC (1000/uL)	13.7		
Segment (%)	52.0		
Lymphocyte (%)	39.0		
Monocyte (%)	5.0		
Eosinophil (%)	3.0		
Basophil(%)	1.0		

Pleural effusion data :

08th May, 2013		16th May, 2013	
Appearance	cloudy	Appearance	cloudy
Color	yellow	Color	orange
Specific gravitiy	1.030	Specific gravitiy	1.020
Protein	positive	Protein	positive
Leukocyte (uL)	1520	Leukocyte (uL)	3420
RBC (uL)	2265	RBC (uL)	4000
Neutrophil (%)	4	Neutrophil (%)	4
Lymphocyte (%)	88	Lymphocyte (%)	94
Eosinophil	8	Eosinophil	2
Macrophage	many	Macrophage	some
Mesothelium	few	Mesothelium	few

Glucose (mg/dl)	120	Aerobic culture	No growth
Total Protein(g/dL)	4.2	Anaerobic culture	No growth
LDH (U/L)	209	TB culture	No growth
		TB-PCR	Negative
		cytology	Negative for malignancy

Imaging findings: to be presented

Operative findings: to be presented

Pathological findings: to be presented

Points of discussions:

1. Diagnostic evaluation of a pleural effusion in adults
2. How to manage such patient

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