

Case report II

Dyspnea

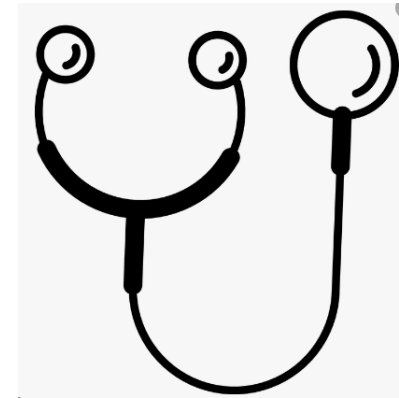
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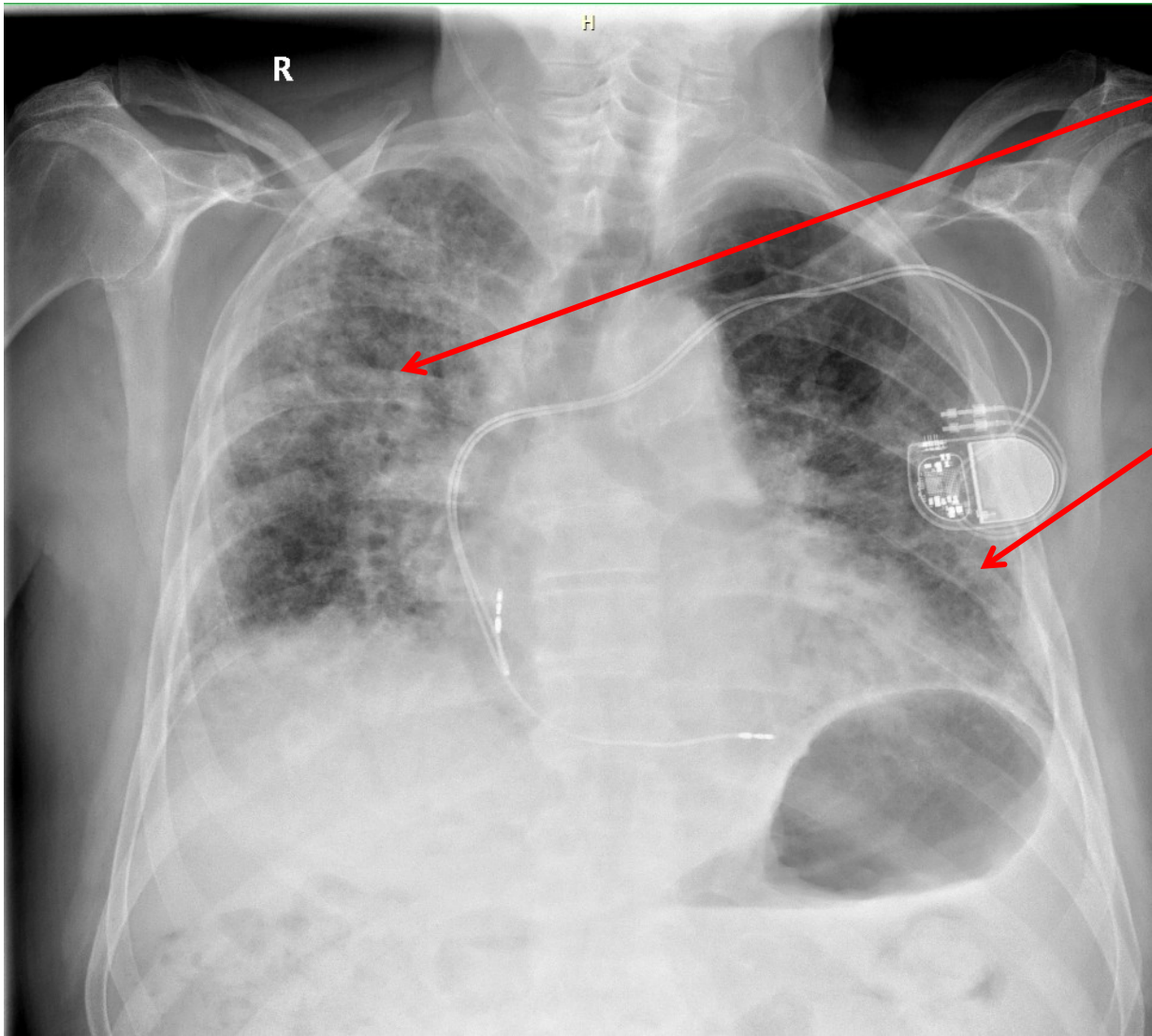
Man, 80-year old, a former smoker, with chronic heart failure, hypertension and chronic renal failure in the patients history, senior, a managing director in the past, a breeder of budgerigars

Symptoms:
Admission due to progressive dyspnea and dry cough. He has no fever or chest pain. Downh extremities are a bit tumid around ankles.



Resting dyspnoeic, without neurological problems, a regular heart beat, a systolic heart murmur 2/6, breathing - crepitus bilaterally, abdomen without any resistance, down extremities with edema around ankles





The infiltration of lungs bilaterally, a right lung is more affected, an enlargement of the heart, a pacemaker on the left side, electrodes in situ

Progression of a chronic heart failure:

PLUS – a chronic heart failure in the patients history, the X-ray finding
CONTRA – proBNP in an intermediate zone, minimal edema of down extremities, an atypical auscultation finding

What is a possible cause of the X-ray finding?

Interstitial fibrosis:

PLUS – the X-ray finding, a progressive dyspnea, the typical auscultation finding, dry cough, a breeding of budgerigars (in dif.ddg. exogenic allergic alveolitis)
CONTRA – without any lung problems so far

Pneumonia:

PLUS – the X-ray finding, typical symptoms for pneumonia (a dyspnea, a cough)
CONTRA – a progressive course, negative CRP, no fever

Metastatic process:

PLUS – the X-ray finding, a bilateral distribution
CONTRA – without any oncological disease in the patient's history, no other symptoms of an oncological disease (anorexia, a weight lost)

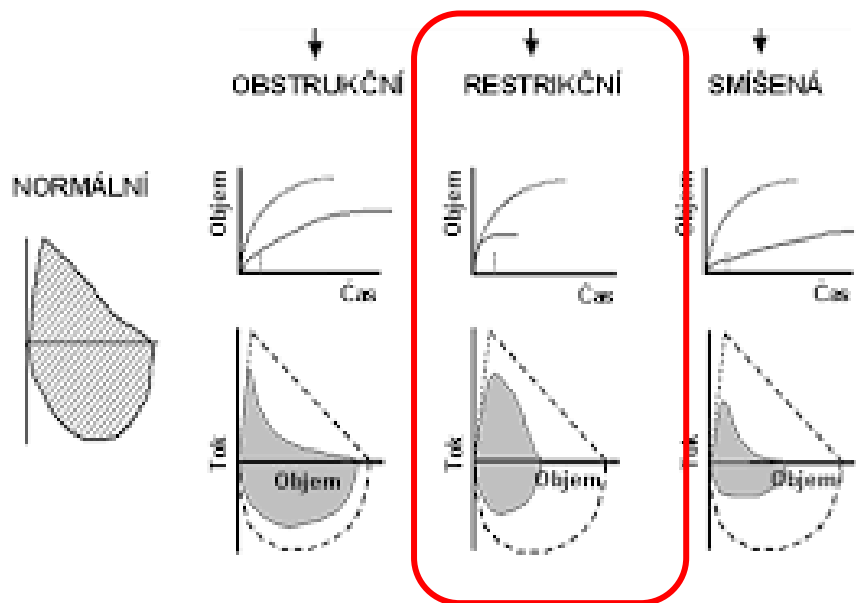


A panel of basic tumor markers and autoantibodies negative

A negative cultivation of sputum

Which further examination should be done?

CT scan: Interstitial changes typical of lung fibrosis, in peribronchial distribution, mainly on the right side, ground glass opacities, bronchiectasis, without honey combing. In dif.ddg. NSIP (non-specific interstitial fibrosis).



Conclusion

- Diagnosis of the interstitial lung fibrosis
- There was a partial effect of intravenous kortikosteroids
- A specific anti-fibrotics are not indicated due to an advanced lung process and another type of lung fibrosis than UIP (usual interstitial fibrosis)
- We managed domiciliary long-term oxygen treatment because of a severe hypoxemia