

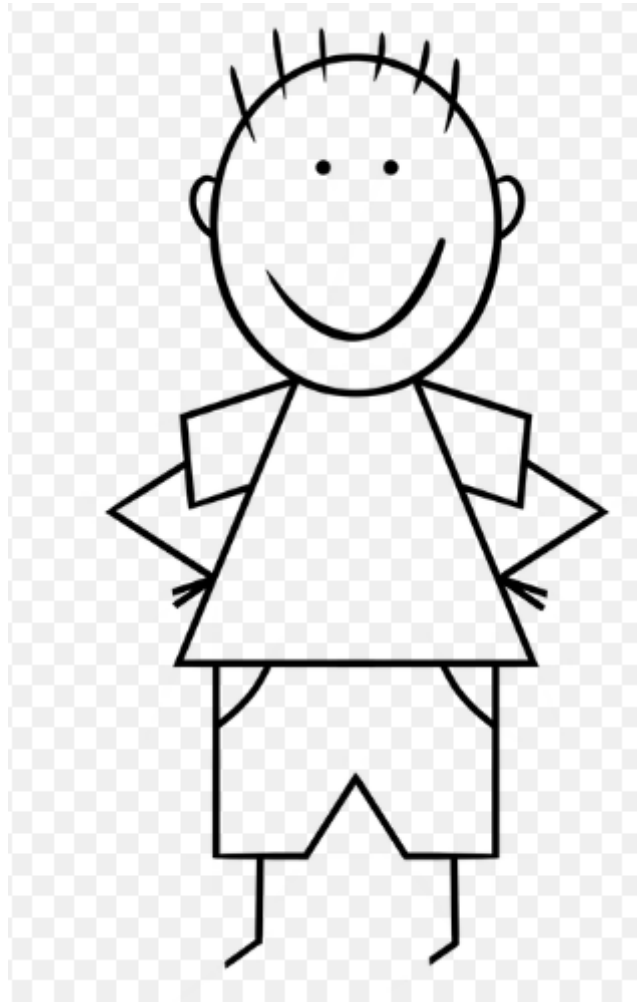
Case report I

Chest pain

Monika Bratova

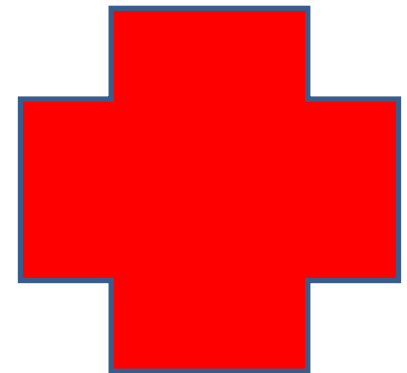
A young man, 35-year old, a long-time smoker, with no health problems in the past, working as a storeman, grown up in a children's home

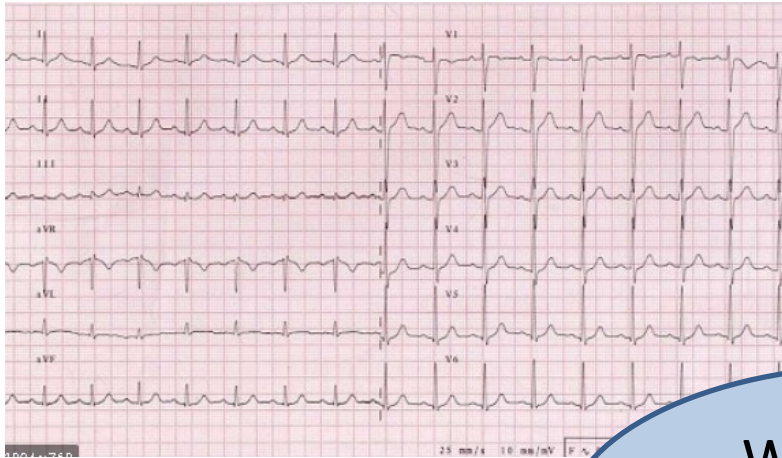
Asthenic habitus, without neurological problems, a regular heart beat, without a heart murmur, alveolar breathing on the right side, , silent breathing above the left lung, abdomen without any resistance, down extremities without edema



Symptoms:

Admission due to acute left-sided chest pain. It started during a corporeal strain. He had no fever and cough.



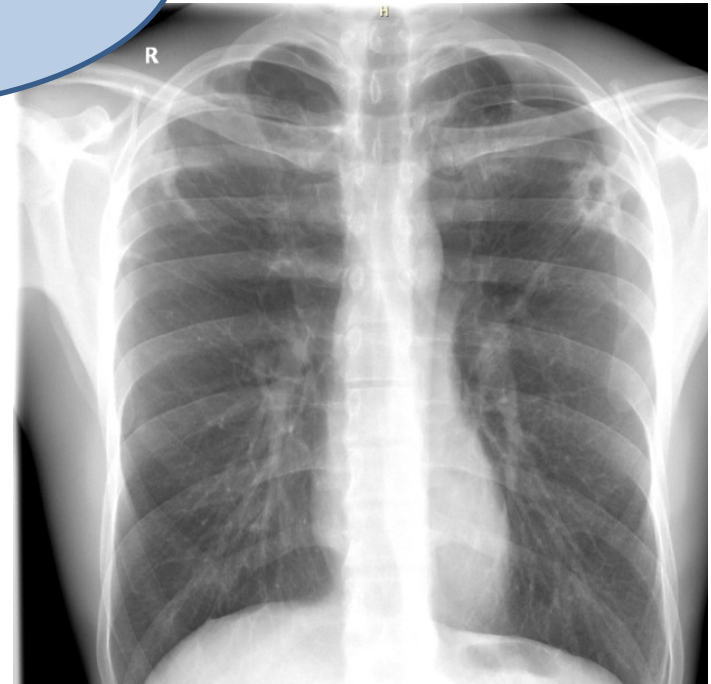


Physiologic ECG

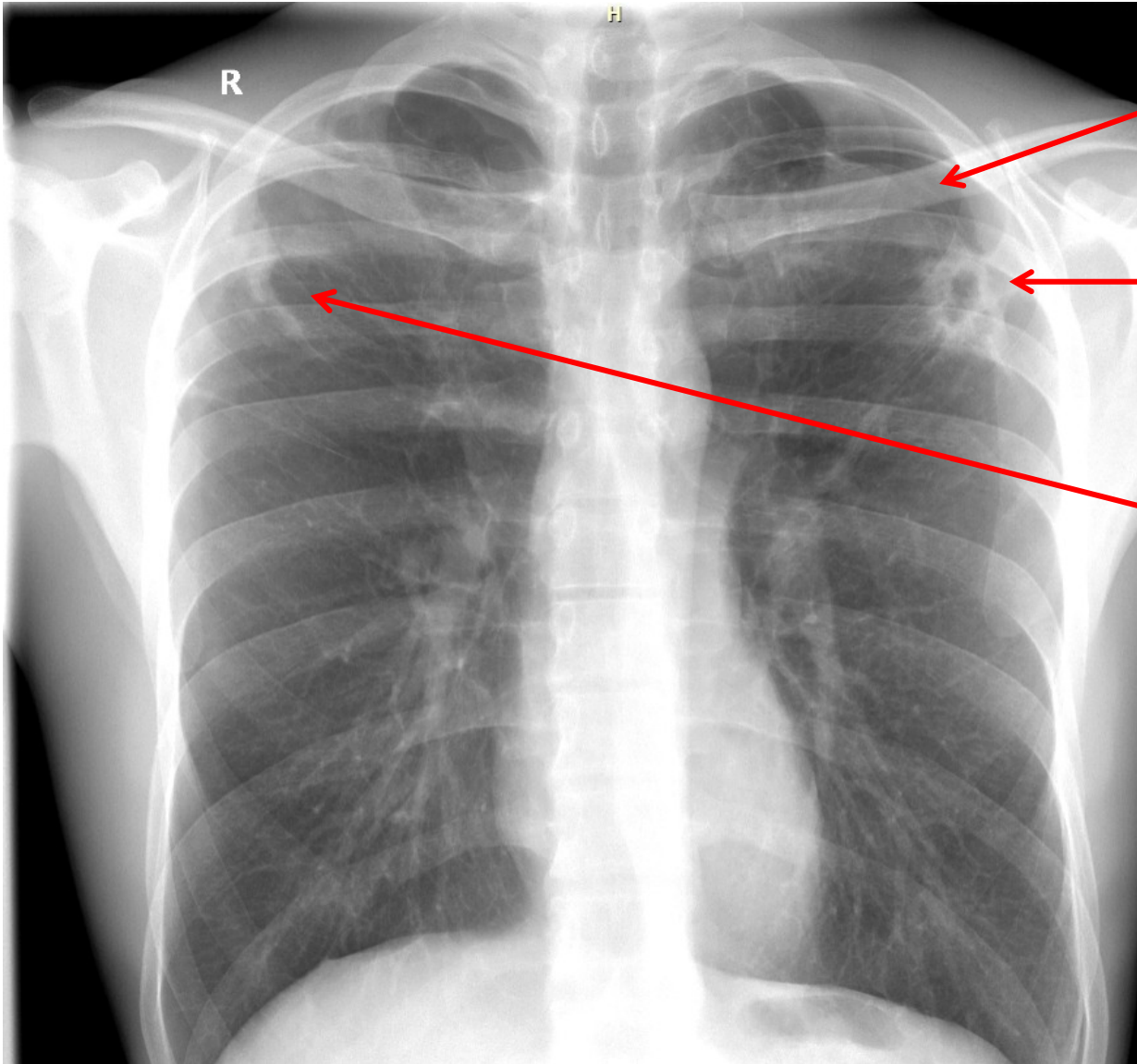
Saturation

O2 98%

Which basic examination should be done?



Blood account	Biochemistry
Leucocytes 10,2	Urea 2,0
Erythrocytes 4,5	Kreatinine 78
Hemoglobin 140	Kalium 3,6
Trombocytes 250	CRP 30,5



A left-sided
borderline
pneumothorax
in apex up to 2
cm, a cavity in
the left upper
lobe, pleural
changes in the
right upper lobe



**A secondary
pneumothorax**

A lung cancer:

PLUS – the X-ray finding,
a history of smoking

CONTRA – young age,
a bilateral finding

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

Tuberculosis:

PLUS – localization in
the upper lobes, night
sweating, a social
situation

CONTRA – no contact
with TB in a patient's
history

**Vasculitis with lung
demonstration:**

PLUS – the X-ray finding,
CONTRA – the localization
in the upper lobes, an
absence of other
symptoms (e.g.
otolaryngological)

Aspergilosis:

PLUS – the X-ray
finding of a cavity
PROTI – no
immunosuppressive
status

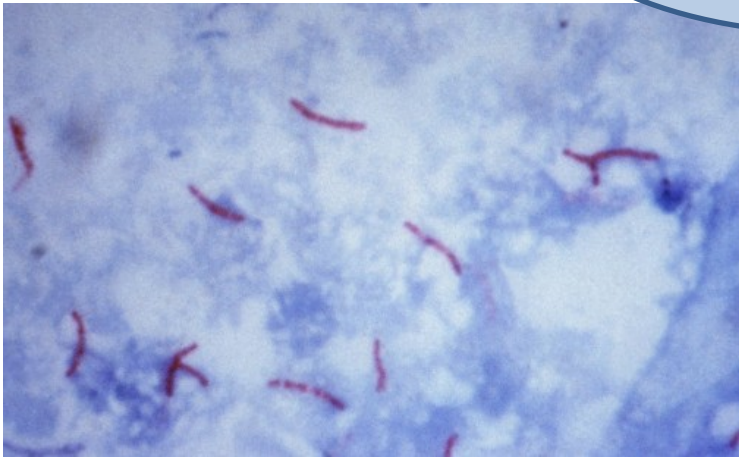
Mantoux II
+15mm



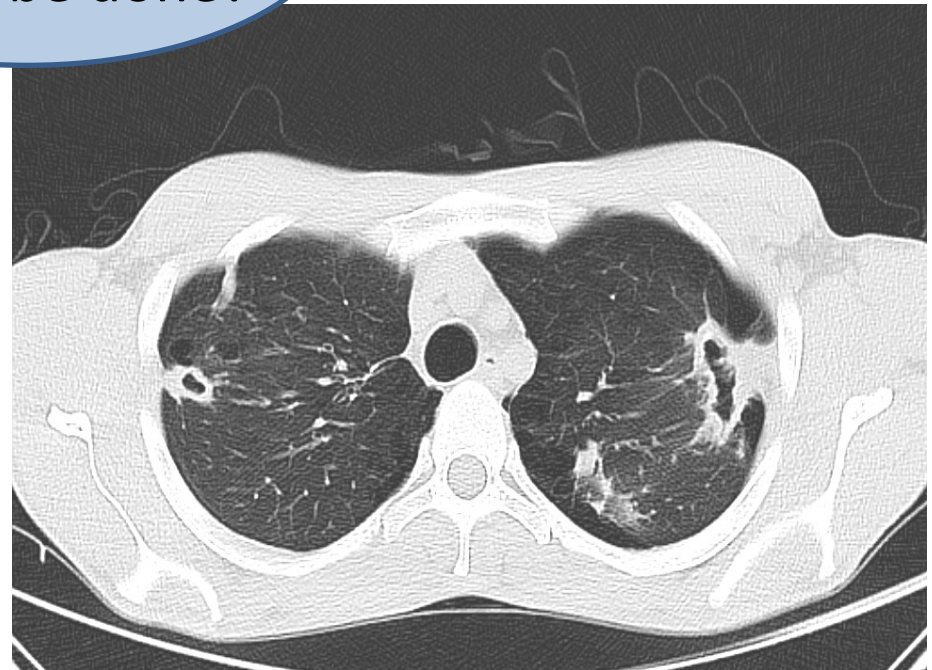
*Autoantibodies (ANA, ANCA, ENA)
negative, glucane negative*

Which further
examination
should be done?

CT scan: Cavities in both
upper lobes, calcifications,
pachypleural changes, no
lympadenopathy, a left-
sided pneumothorax.



A positive microscopy of sputum for
M.tuberculosis



Conclusion

- Diagnosis of tuberculosis
- The antituberculous drug treatment was started (RMP, PZA, INH, EMB), a hospital care for 6 months is needed
- Contacts of patient were found and examined to exclude TB
- Conservative treatment of the pneumothorax was indicated