



A 52 Year Old Female Presents with a 5 Month History of Weight Loss, Weakness, Shortness of Breath and Cough with Sputum Production.

Dr Saad Hussain Gillani*, Dr Saima Gillani¹

1. Associate professor Paediatrics, Ayub Medical College , Abbottabad, Pakistan.

Corresponding Author: Dr Saad Hussain Gillani, Consultant physician, Fauji Foundation Hospital, Pakistan.

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Case History:

A 52-year-old female presents with a 5-month history of weight loss, weakness, shortness of breath and cough with sputum production.

She has a history of treated TB at age of 14 years.

Her Temperature is 37.2 C. Oxygen saturation is 92 Percent. BP is 110/79.

Chest auscultation reveals bilateral crepitations, more on the right side and right basal dullness.

You perform a Chest X-ray which is shown below:

1. What are the findings on Chest X-rays?
2. What could be the causes of these findings?
3. What further investigations would you like to perform?

4. What are the management options available?



Figure 1

1.What are the findings on Chest X-rays?

There is perihilar shadowing in the right lung. Also, irregular right basal shadowing is visible.

2.What could be the causes of these findings?

There can be numerous possibilities for these findings considering the given history. The right basal shadowing could be due to atypical pneumonia-like Mycoplasma or Legionella.

Also given the history of treated TB, we will need to exclude reactivation of Tuberculosis in this patient.

As there is a history of weight loss as well, lung carcinoma should also be excluded and pulmonary metastasis from other organs should also be excluded.

3.What further investigations would you like to perform?

Considering the differentials discussed in Question No 2, we would need to organize investigations to try to find out the underlying cause.

A Full blood count would be a good investigation, to begin with. A low Hb would indicate a chronic process such as Tuberculosis or Cancer.

A raised white cell count will indicate an underlying infection. A raised CRP would be seen in Malignancy or pneumonia.

Sputum for Culture and sensitivity would help find out the causative organism causing pneumonia.

Sputum for AFB will exclude Tuberculosis and will be further supported by Quantiferon Gold Test. Tests to exclude Atypical pneumonia include Urinary Legionella testing and Mycoplasma serology.

Finally, A CT of the Chest Abdomen Pelvis should be done to exclude lung Ca/ Malignancy as primary or metastasis from other organs.

4.What are the management options available?

Management involves: initial resuscitation and stabilizing the patient. making the patient comfortable with proper analgesia.

Proving oxygen and other measures to improve her breathing. Giving empirical antibiotics.

Specific management shall be commenced once results of Cultures and sensitivity and CT scan are available and then depending on the final diagnosis, specific treatment should be commenced in case of atypical pneumonia or malignancy.