45/Female

K/C/O SLE , diagnosed 1 year ago ,on long term steroids and immunosuppressants presented with 7 days H/O

- breathlessness - sudden onset,MMRC grade 4
- right sided chest pain- pleuritic type
- dry cough
- H/O weight loss around 20 kg over 2 months

No H/O wheeze, fever ,hemoptysis

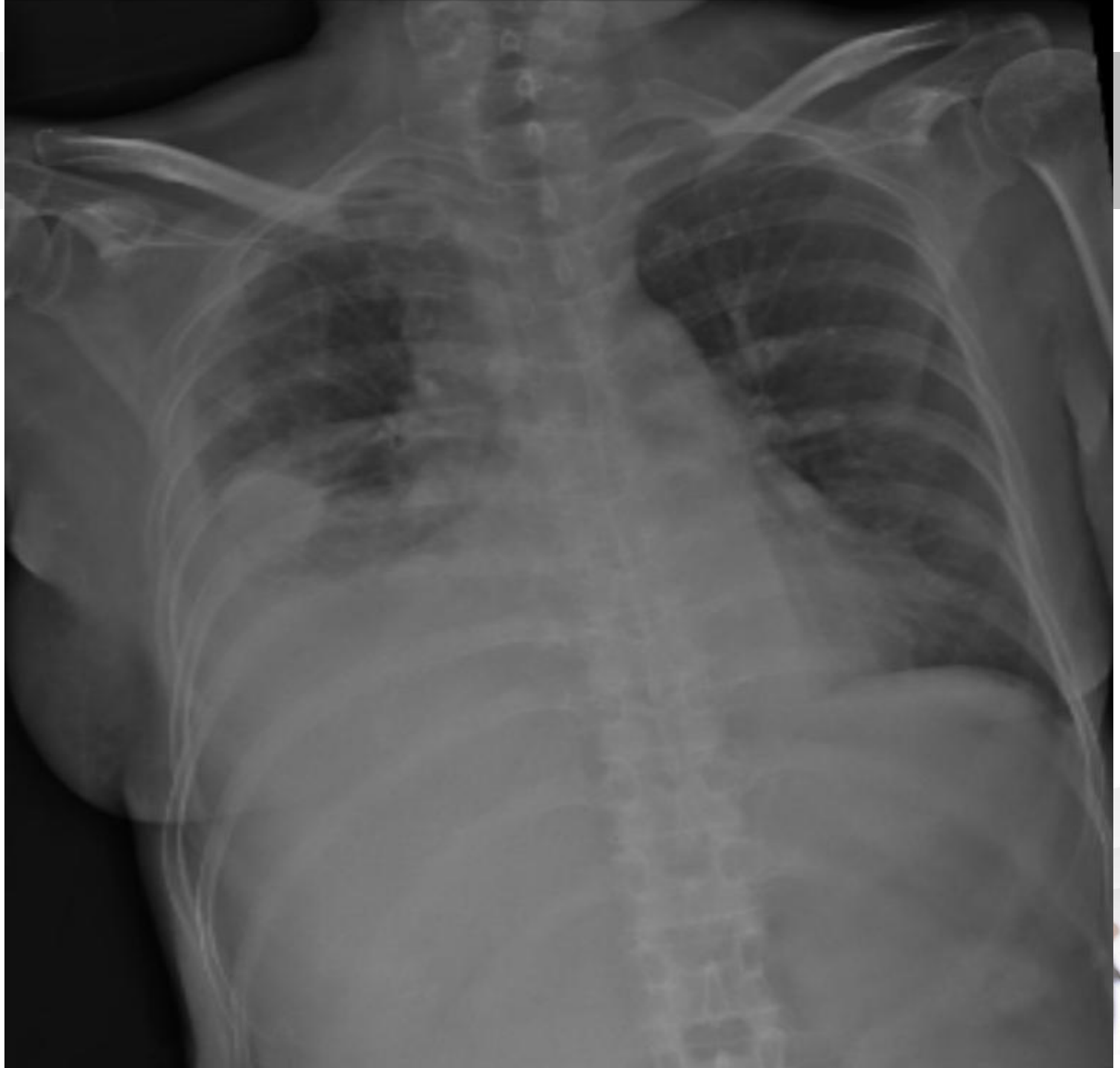
Vitals

- HR - 128 /min
- BP - 130/70 mm hg
- RR- 24/min
- spo2 - 93% room air
- RS - auscultation - B/L NVBS

AE decreased on right IAA and ISA.

Day 1 lab

- TC -19600
- Hb - 8.3
- Platelet - 3.37 lakh/mm3
- RBS - 340
- creat - 1.4
- Procal - 6.66



DIFFERENTIAL DIAGNOSIS

Right sided effusion - Tubercular effusion

Para pneumonic effusion

Right middle lobe mass

- Since patient is immobilised , with tachycardia of 128/ min, with shortness of breath , there is a suspicion of pulmonary embolism

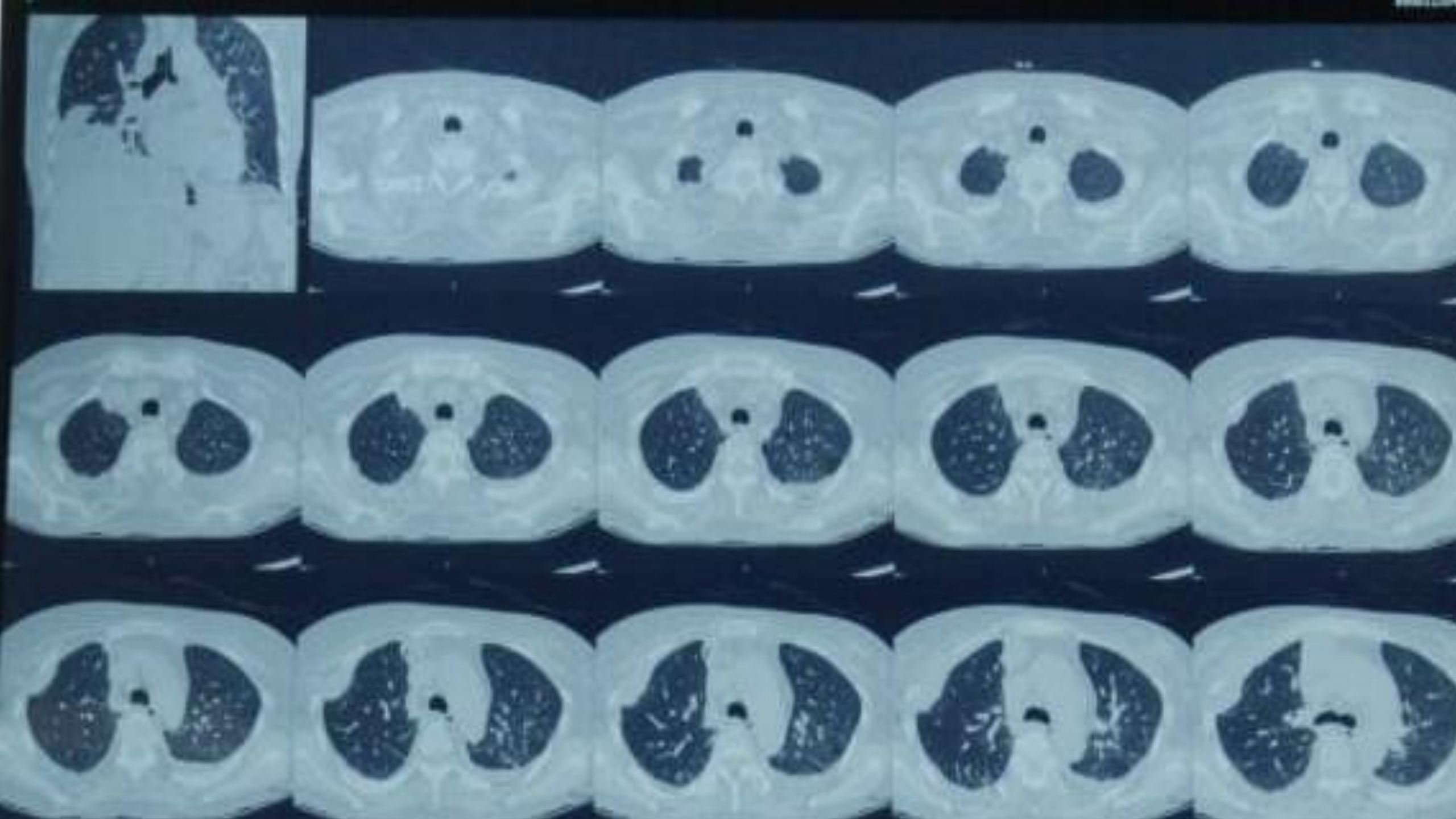
- D-Dimer - 2476

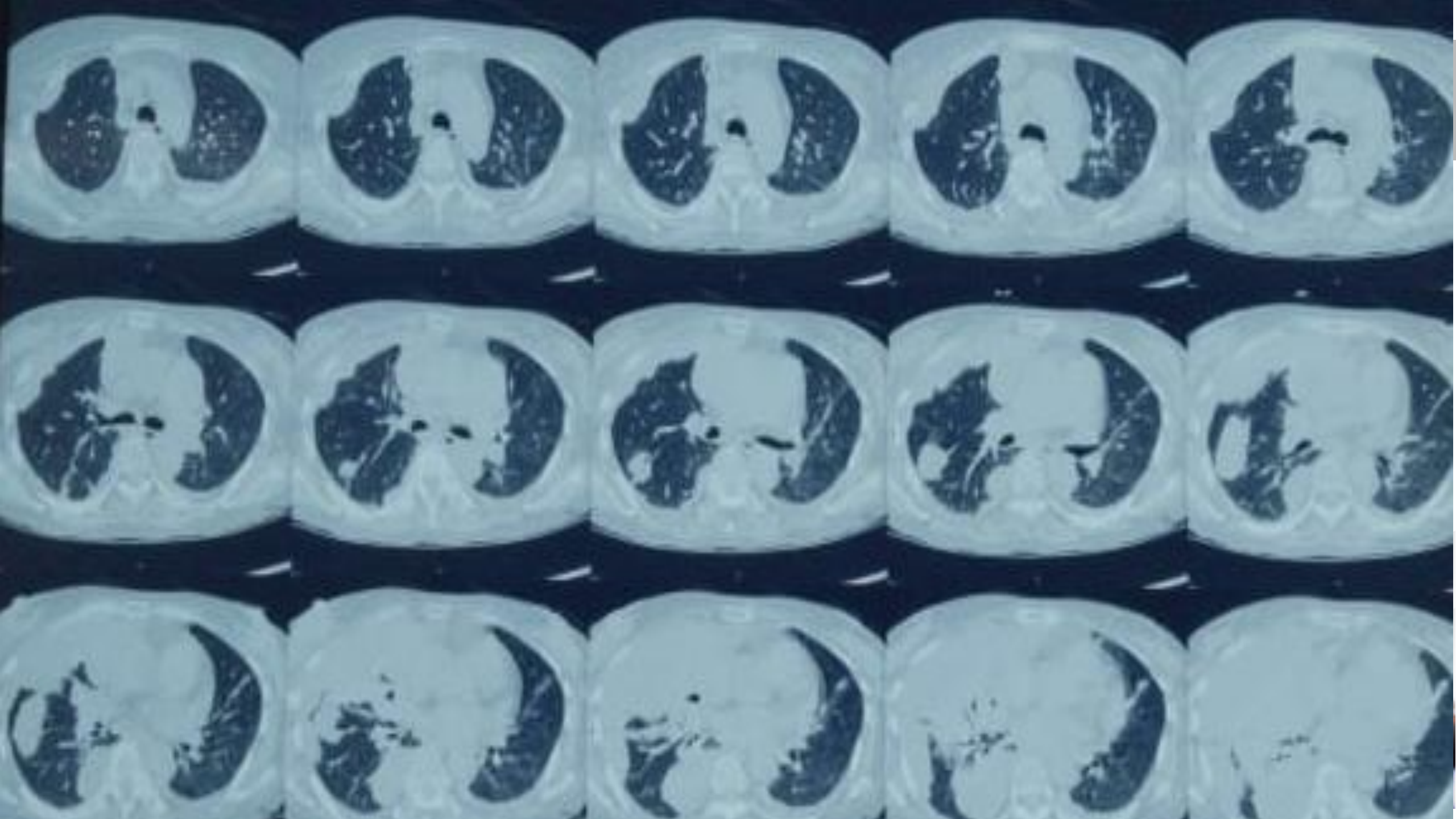
- 2D echo - LVEF -60 %

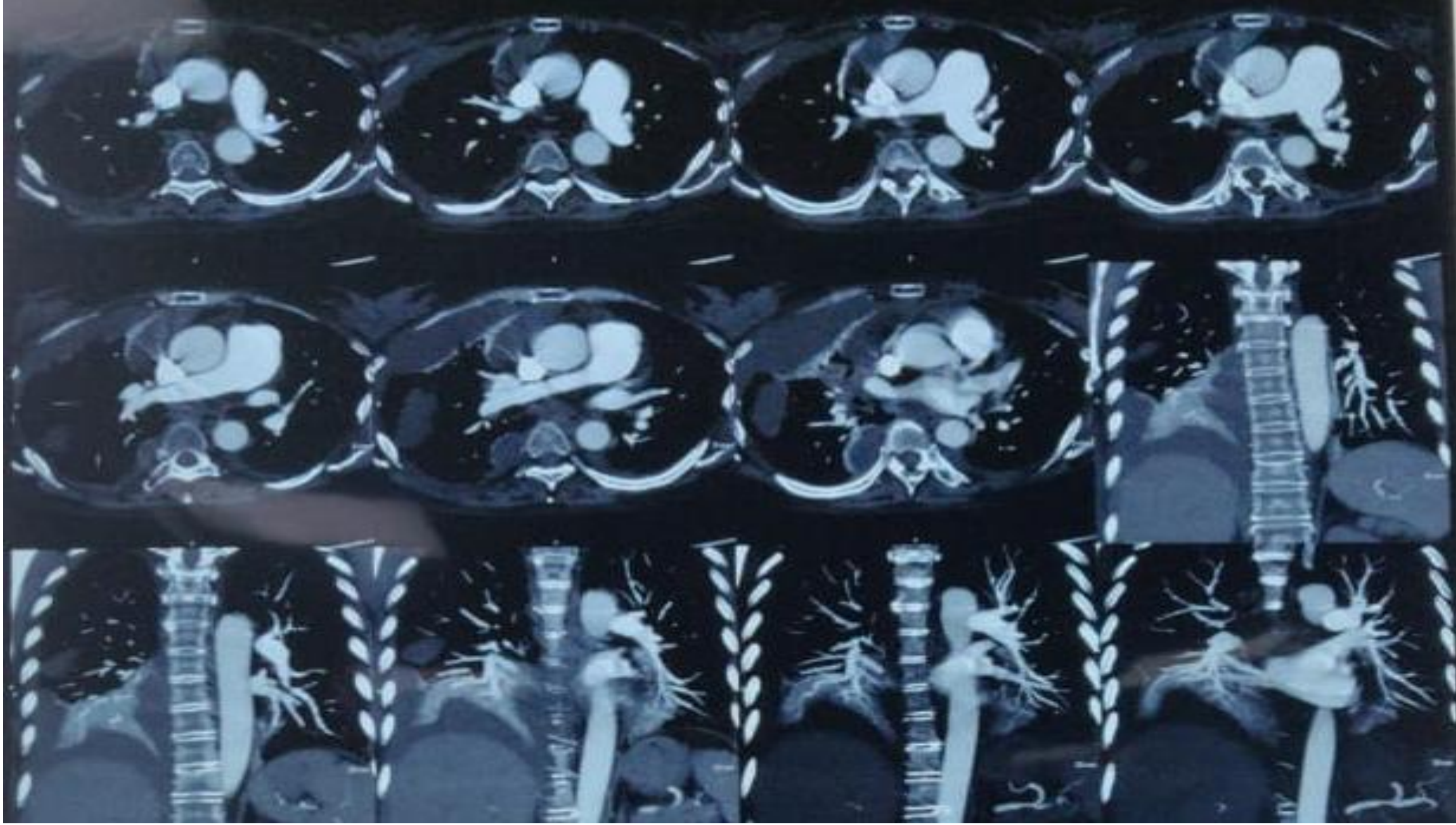
  PASP - 43 , mild pulmonary hypertension,

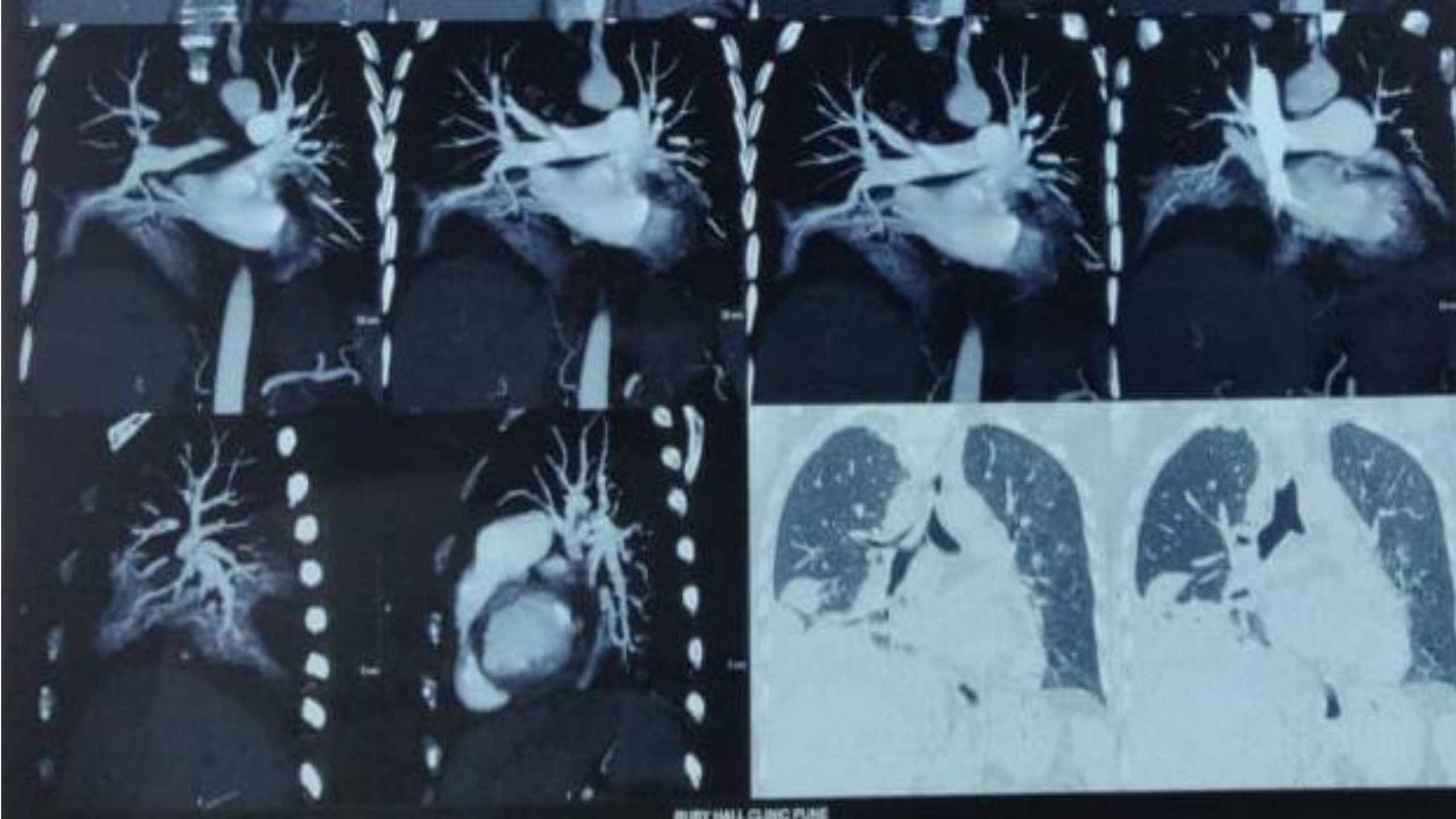
  RA,RV normal,

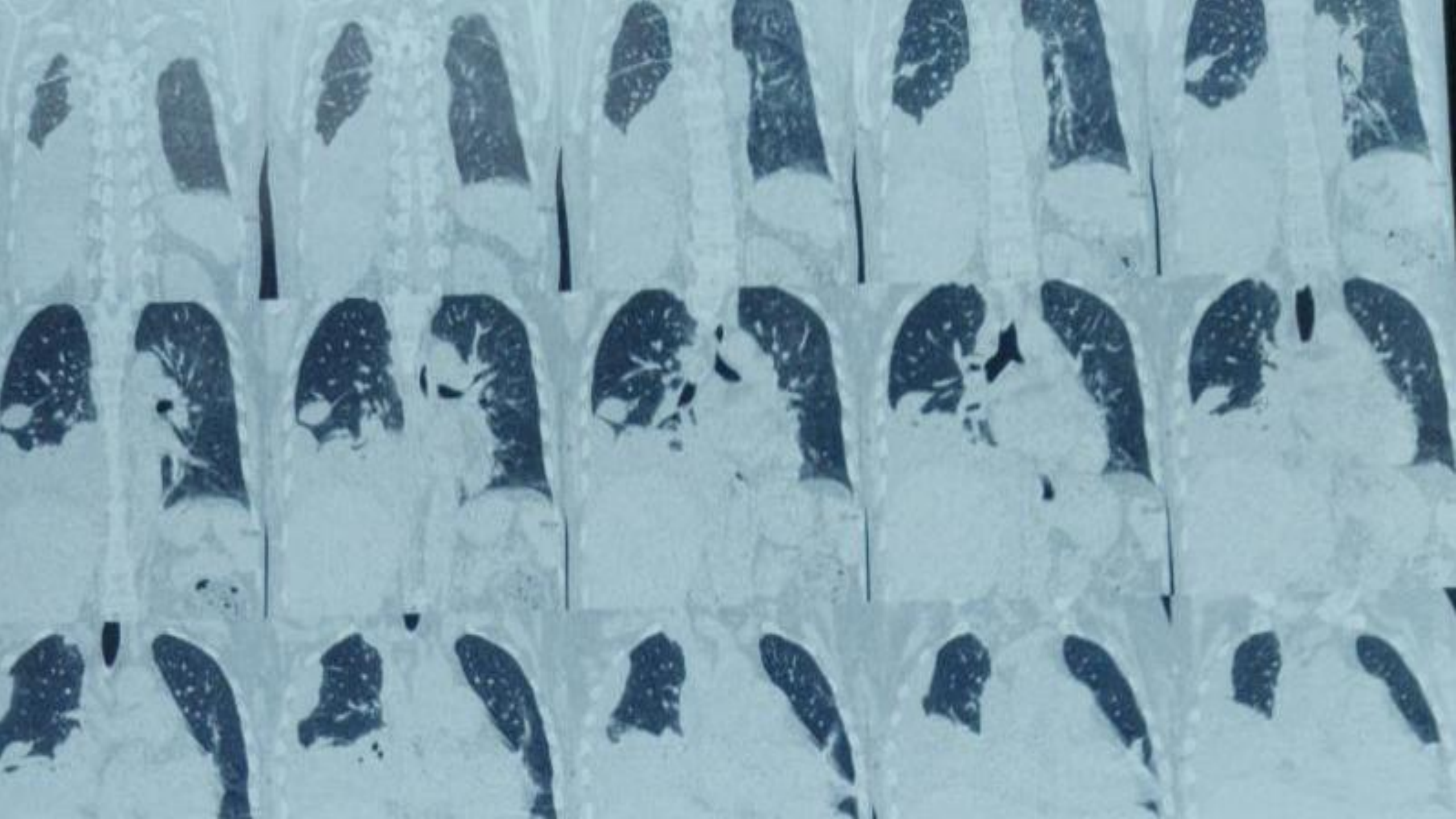
  MVP , Mild MR,thin rim of pericardial effusion











- After admission , she has C/O back pain, movement restriction
- O/E - stiffness present with paraspinal muscle spasm
- X ray LS spine showed compression collapse of D4

- Mantoux done 2 mm
- IGRA negative
- Anti dsDNA - 18.5 (negative)
- C3 - 122 (normal)
- C4 - 42 (normal)
- HbA1C - 6.0

Pleural fluid

- ADA - 11.8
- sugar - 366.4
- protein - 3.8
- rbc - moderate
- TC - 221 , polymorph - 60% , lymphocytes - 34 %, mesothelial cells - 4%, macrophage - 2 %
- GM - no micro organism
- ZN- negative
- gene expert - negative
- culture and sensitivity - no growth

- So according to Light's criteria,

  pleural fluid prot / serum protein = 3.8/5.8 = 0.65

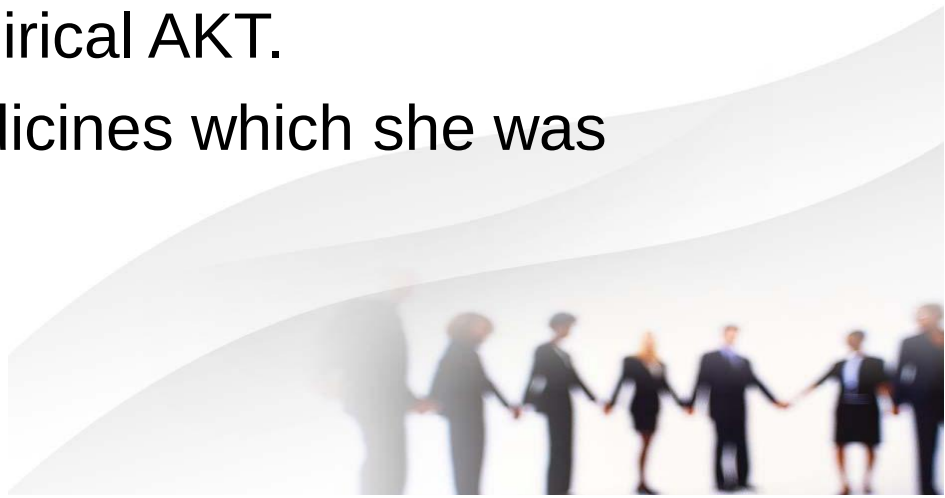
  pleural fluid LDH /serum LDH = 260/380 = 0.68

  EXUDATIVE EFFUSION

Since exudative effusion has been seen, patient was advised for empirical AKT in view of clinically suspected TB

But patient and attenders were not willing for empirical AKT.

Patient got discharged at request with regular medicines which she was already taken on 16/7/19



- One week later, Patient again got readmitted in 24/07/19
- On this admission , patient had C/O

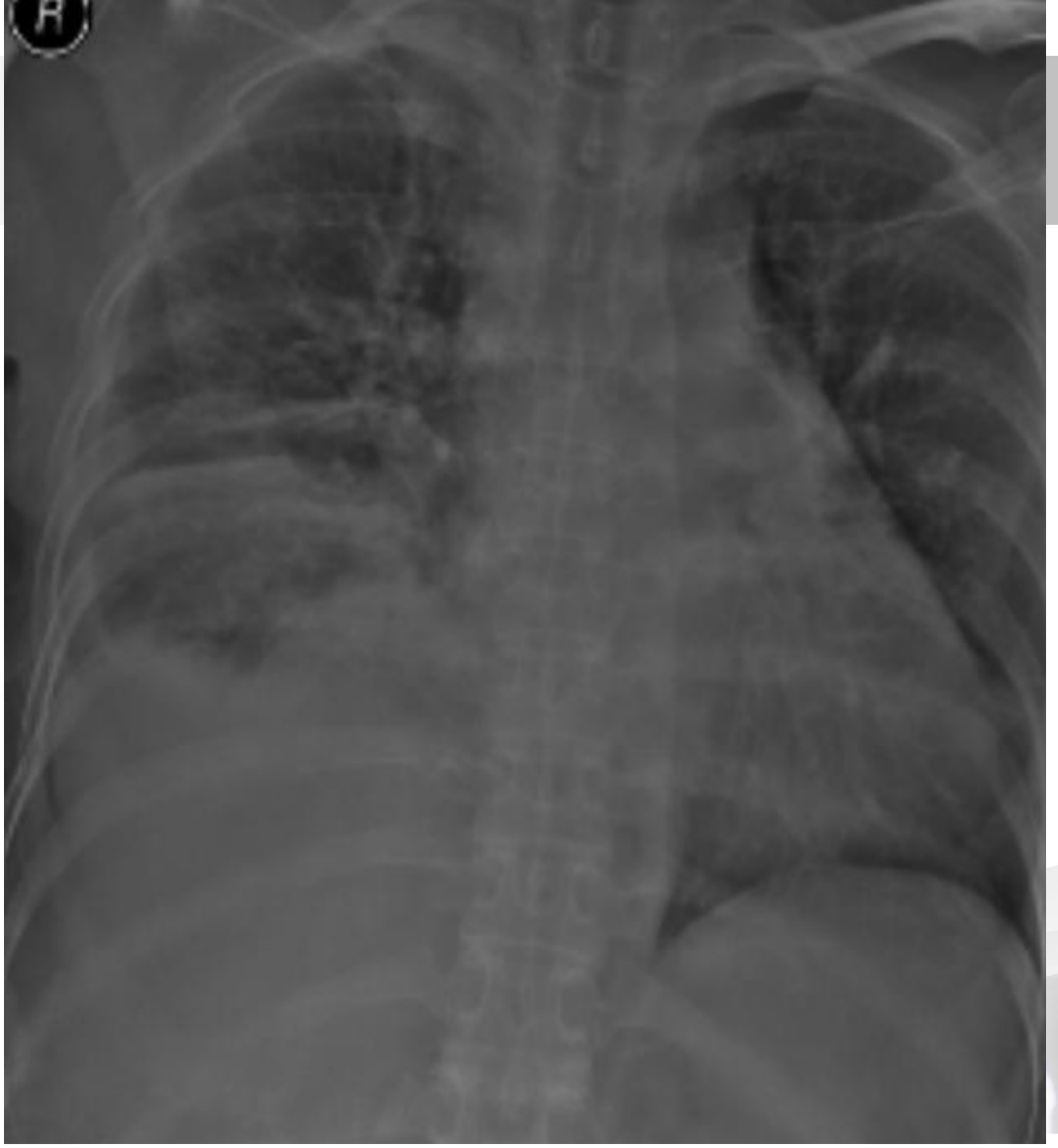
❑ cough ,

❑ pain in lower back

❑ stiffness of back

- O/E - patient was unable to move

stiffness with para spinal muscle spasm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➢TC 10400 ➢Hb 9.6 ➢PLT - 344 ➢ Procal 5.69 ➢ CRP 25.23		❖Sputum GM - epithelial cells 10-25 pus cells 10-25 few GPC occassional budding yeast cells AFB - negative
➢urea 105 ➢ creat 1.6	LFT -normal	Sputum C&S- no pathogen
		USG thorax done showed loculated pleural effusion of 131 cc with underlying lung collapse
➢PT 14.0 ➢INR 1.22		MRI SPINE - superior end plate compression involving body of D10, D11, D12,L1,L2,L3,L4,L5 level secondary to post traumatic changes

Patient was advised for usg guided tapping , but patient and attenders were not willing

Hence discharged at request

Patient again readmitted after one month with C/O loss of appetite for one month

Patient again got readmitted in hospital after one month on 1st october with C/O loss of appetite for 1 month

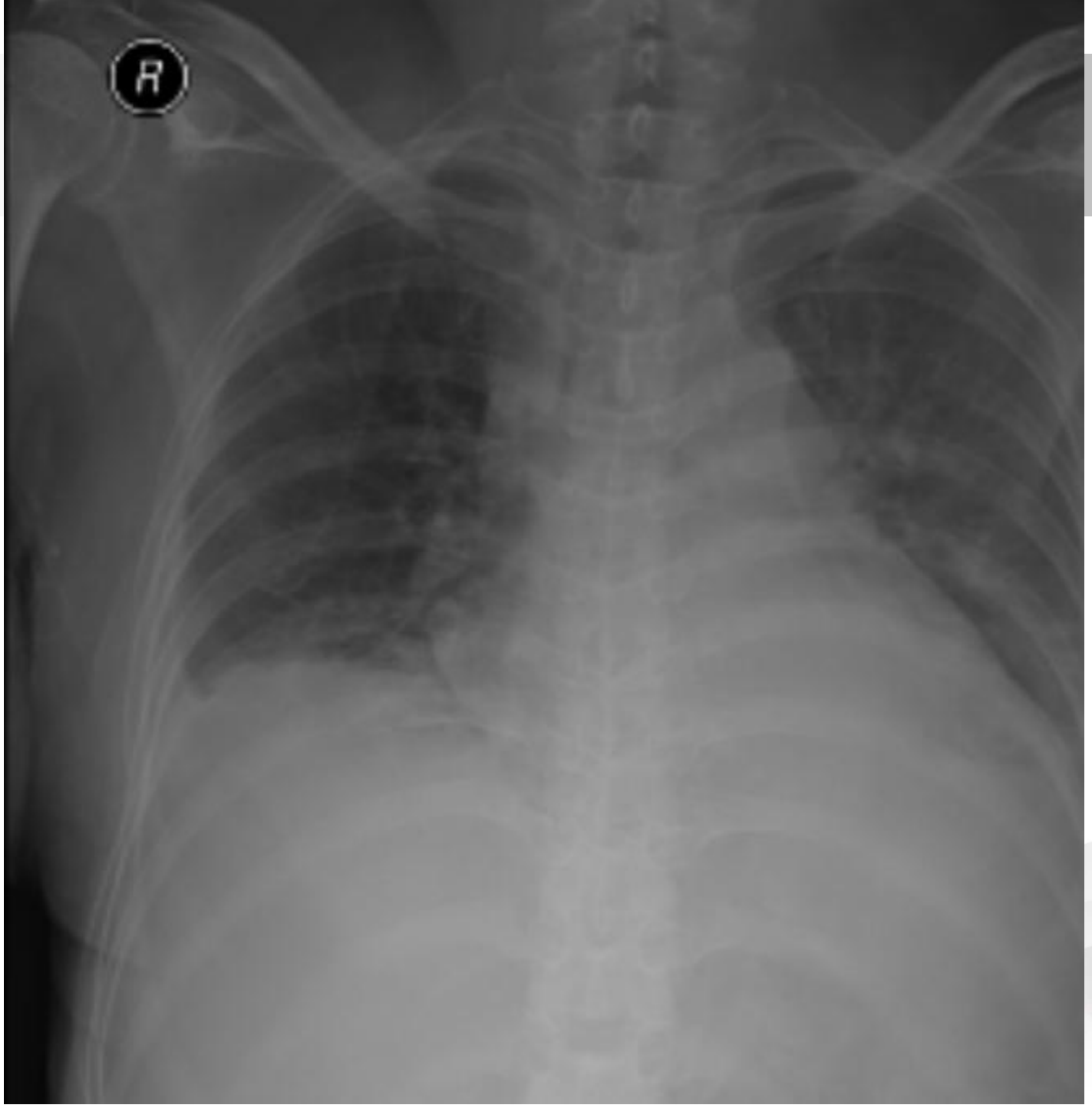
- ❑ TC 6500
- ❑ Hb 9.4
- ❑ PLT 322
- ❑ Urea 42
- ❑ creat 0.7
- ❑ Na 135
- ❑ K 4.3

- PT - 11.5
- INR - 1.1
- Bil total -0.4
- Bil direct- 0.1
- ALT -12
- AST-27
- ALP- 50

Total protein - 5.5, albumin - 2.8 , globulin -2.7

- urine routine - specific gravity 1.015
- protein 1+
- pus cells 1-2, epitheilal cells 1-2

TC-6500 Hb-9.2 PLT-174	Ift - normal
Urea 42 creat 0.7	urine micro albumin 55.85 urine creatinine - 17.53 urine albumin /creatinine 31.85
Procal - 0.05	
➢C3 - 52 (low) ➢C4 -25.3 (low)	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PET CT has been done

usg guided tapping done

Thick pus came out

colour - yellow

appearance turbid

coagulum absent

sugar ,ADA and protein could not be processed as the fluid was very thick consistency

total count - abundant

RBC - few

- Lymphocytes - 12 %
- Polymorphs - 85%
- Macrophages - 3 %
- Many degenerated cells
- GM - occassional filamentous gram positive bacilli
- ZN- negative
- Modified ZN - filamentous acid fast bacilli S/O Nocardia
- smear shows many neutrophils and lymphocytes , many neutrophils are degenrated, proteinaceous background , no malignant cells

Patient was out on SEPTRAN DS 2 tablets BD

Nocardia - filamentous GPB