Case 5-2005: A 53-year-old man with Depression and Sudden Shortness of Breath(Volume 352; 7)

抑うつと突然の息切れをきたした53歳男性

※英語にてプレゼンする予定です。

【ID】the pt is a 53 y/o man came to the ED with depression

【CC】depression

【HPI】The pt had been in good health until nine days earlier, when he was fired from his job. Since then, he had had a decrease in his energy level and appetite, was unable to concentrate, and had had difficulty sleeping. His family brought him to the ED. The pt described his mood as sad, but no thoughts of suicide. He never felt like this in the past. He did not have f/c, n/v, d, CP, or SOB. He had had intermittent epigastric pain without radiation and a mild, nonproductive cough. His wife reported that he had had occasional night sweats that did not soak the bed.

【PMH】hospitalized for a problem with his heart, diagnosis unknown(35) & alcoholism. No operations.

【FH】n/a

【SH】lived with his wife and two children. No recent travel or exposure to animals.

alcohol: "a couple" of beers each week, hospitalized for alcoholism in the past.

tobacco: one pack of cigarettes every 3 days. Drug: denied

【Medications】no medication 【Allergey】NKDA

【PE】BT36.7 □, BP 97/52, PR 102 /min ireg, RR 16 /min, Saturation 98 %(room air)

no distress, but he poorly groomed and malodorous, with a blunted affect.

The general physical and neurologic examinations disclosed no abnormalities.

【Progress】

An ECG showed a normal sinus rhythm with 1st-degree AV block (PR interval, 358 msec) and left atrial enlargement (Figure 1A). No evidence of previous infarction or acute infarction. Blood samples were obtained for laboratory tests and a chest radiograph was ordered. Intravenous normal saline was administered.

While awaiting the results of the laboratory tests, the pt was seen by psychiatric service, who obtained the additional history that he had had auditory hallucinations, in which he heard two voices having a conversation. The pt met criteria for a major depressive disorder and admission to the psychiatric service was planned, pending medical clearance.

The CXR revealed a R middle-lobe infiltrate (Figure 2A); iv ceftriaxone and oral azithromycin were administered. The results of laboratory tests are shown in Table 1. Because of the laboratory findings that showed leukocytosis and anemia, a decision was made to admit the patient to the medical service.

While awaiting an inpatient bed, the pt suddenly became SOB and diaphoretic and reported CP. The oxygen saturation was 83 % while he was receiving supplemental oxygen by way of a nonrebreather face mask. PE revealed distended neck veins and rales to the apexes of both lungs. Cardiac examination revealed no murmur. The trachea was promptly intubated, and mechanical ventilation was begun. ECG showed a new L bundle-branch block and intermittent 3rd-degree AV block (Figure 1B). A CXR obtained with portable equipment revealed pulmonary edema (Figure 2B). Packed red cells were transfused and furosemide and nitroglycerin were administered. External pacer pads were applied but not used because the episodes of heart block were brief.

A diagnostic procedure was performed.

(↑原文にはないけど、勉強会の形式にあわせるため原文を途中で区切ってこの一文を加えました)

○Figure 1 A ECG w/1st AV block

○Figure 1B 5hrs later LBB 3rd degree AVB

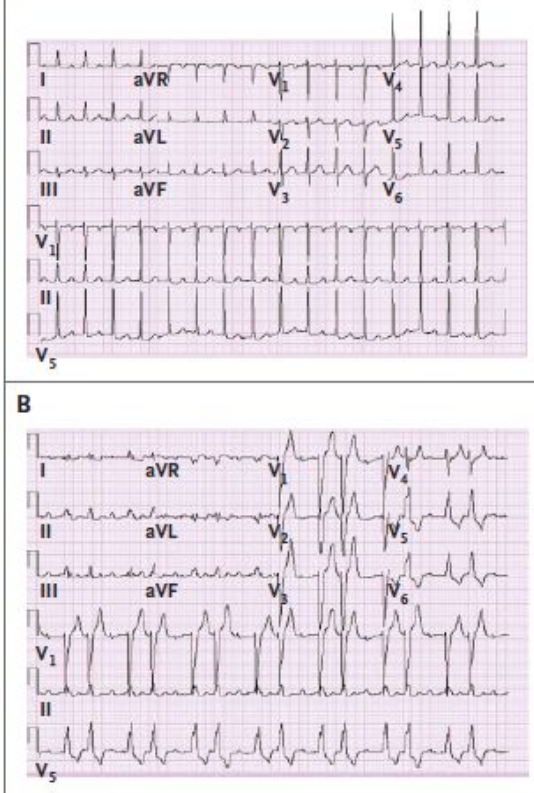

Figure 1. Electrocardiograms.
The electrocardiogram of the patient obtained on admission shows a first-degree atrioventricular block and evidence of left atrial enlargement (Panel A). Five hours later, there is a new left bundle-branch block (Panel B).

○Table 1 labs

○Figure 2A CXR w/ pulmonary edema

○Figure 2B 5hrs later diffuse pulmonary edema

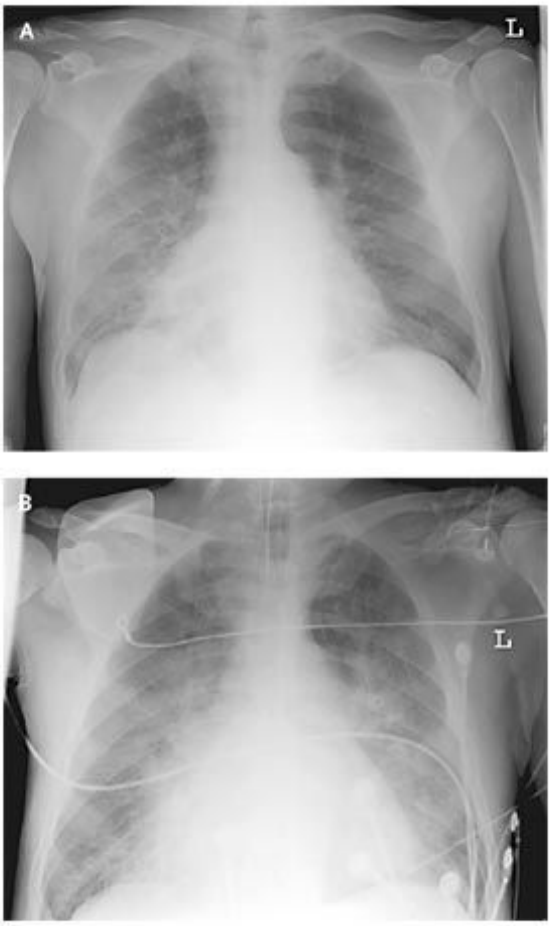

Table 1. Laboratory Values.*

Variable	On Admission
Chemistry panel	
Sodium (mmol/liter)	136
Potassium (mmol/liter)	2.7
Chloride (mmol/liter)	102
Carbon dioxide (mmol/liter)	29.1
Urea nitrogen (mg/dl)	25
Creatinine (mg/dl)	1.7
Glucose (mg/dl)	144
Liver-function tests	
Direct bilirubin (mg/dl)	1.3
Total bilirubin (mg/dl)	0.5
Aspartate aminotransferase (U/liter)	20
Alanine aminotransferase (U/liter)	6
Alkaline phosphatase (U/liter)	221
Complete blood count	
White cells (per mm³)	83,200
Hematocrit (%)	21.0
Platelets (per mm³)	264,000
Differential count (%)	
Neutrophils	73
Band forms	5
Lymphocytes	1
Atypical lymphocytes	1
Myelocytes	9
Metamyelocytes	11

オマケの和訳
【症例】抑うつで救急部をおとずれた53歳男性
【主訴】抑うつ
【現病歴】9日前解雇されるまでは健康だった男性。以降意欲、食欲、集中力の減退、不眠あり。家族により救急部につれてこられた。患者は「悲しいが、死にたいとは思わない」という。このような精神状態の既往はなし。発熱、寒気、嘔気、嘔吐、下痢、胸痛、息切れなし。間歇的な心窩部痛はあるが、放散しない。軽度の乾性の咳あり。妻によると、時々寝汗があるが、ベッドがぬれるほどではない。
【既往歴】心臓病にて入院、診断名不明(35) & アルコール依存症。手術歴なし。　【家族歴】なし
【生活歴】妻と2子供と暮らす。最近の旅行歴や動物への暴露はない。
alocohol: 毎週「数杯」のビール，アルコール依存症で入院歴あり。　tobacco: 3日おきに1箱　Drug:なし
【入院時処方】なし　【アレルギー】なし
【身体診察】BT36.7 ℃, BP 97/52, PR 102 /min ireg, RR 16 /min, Saturation 98 %(room air)
苦痛なし 身なりは汚く悪臭あり，感情鈍麻。 身体診察、神経診察に異常なし
【入院後経過】
心電図では、正常洞調律に一度AVブロック(PR間隔:358msec)と、左房肥大が見られた(図1A)。心筋梗塞の既往や、急性心筋梗塞の所見は得られなかった。採血と胸部単純がオーダーされ、生理食塩水が投与された。
検査結果を待つ間に、患者は精神科の診察を受け、より詳細な病歴が分かった。(聴覚性の幻覚があり、二人が会話している。大うつ病の診断基準を満たし、検査が出しだい精神科への入院が検討された。
胸部単純では、右中葉浸潤影が見られ(図2A)、ceftriaxoneとazithromycinの静注が開始された。検査結果は表1の通り。白血球の増加と、貧血がみられ、内科への入院が決まった。
ベッドを待つ間に、患者は突然息切れと発汗を起こし、胸痛を訴えた。酸素飽和度は83%(nonrebreather face mask 下)だった。身体診察では、頚静脈の怒張と、肺尖部のラ音を認めた。心臓の診察では、雑音は認められなかった。すぐに気管挿管がおこなわれ、人工呼吸器が開始された。心電図では、新しい左脚ブロックと、間歇的な3度 AV ブロックが認められた(図2B)。ベッドサイドで胸部単純が撮影され、輸血、furosemide，nitroglycerin が投与された。経表皮ペーサーが接着されたが、AV ブロックの期間は短かったので使用されなかった。経胸壁心エコーでは大動脈逆流が見られ、経食道エコーでは、大動脈基部の膿瘍、右冠尖の疣贅と弁穿孔、僧帽弁前尖の基部の疣贅、軽度僧帽弁逆流症が見られた。左室収縮能は軽度障害されていた。心内膜滲出液が少量見られた。

ここで、ある診断的検査がおこなわれた。
(↑原文にはないけど、勉強会の形式にあわせるため原文を途中で区切ってこの一文を加えました)