

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

problem list

#1 major depressive disorder

The pt was fired from his job □a decrease in his energy level and appetite, unable to concentrate, and difficulty sleeping. His mood was sad, but no thoughts of suicide. He was poorly groomed and malodorous, with a blunted affect. psychiatric service 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 psychiatric service was planned, pending medical clearance.

#2 past hospitalization for alcoholism

#3 acute SOB

He had past hospitalization for a problem with his heart, diagnosis unknown at the age of 35. He had intermittent epigastric pain without radiation, a mild nonproductive cough and occasional night sweats.
Tachycardia and arrhythmia on admission.

(after hospitalization)

ECG showed a normal sinus rhythm with 1st-degree AV block (PR interval, 358 msec C-48) and left atrial enlargement.

CXR revealed a R middle-lobe infiltrate ([Figure 2A](#)). □iv ceftriaxone and oral azithromycin were administered. (#Typical empiric therapy for suspected **community acquired pneumonia**.)

labs showed leukocytosis of 83 and anemia of 21(crit). □Admitted to the medical service.

the pt suddenly became SOB and diaphoretic and reported CP. O2 saturation was 83 % (w/ supplemental oxygen). PE revealed distended neck veins and rales to the apexes of both lungs.

□Intubation and mechanical ventilation was begun.

ECG showed a new L bundle-branch block and intermittent 3rd-degree AV block ([Figure 1B](#)).□External pacer pads were applied but not used because the episodes of heart block were brief.

A CXR revealed pulmonary edema ([Figure 2B](#)). □Packed red cells were transfused and furosemide and nitroglycerin were administered.

