Introduction to Clinical Medicine

Lecture 3

History Examination- RS

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RS - History Examination

- Any (upper) apical lung mass can compress T1 - root fiber as pancoast tumer (in Right Side For Ex.) cause neuropathic manifestication causing atrophy of the hand muscle on the Right and horner Syndrome

@ A finding of Right hand Atrophy with apical lung
think about pancoast tumer
manifistications is Horner symptoms + Right hand atrophy (assymetrical hands)

Horner syndrome :
- miosis
- ptosis
- empnothmos
- anhydrosis

caused by sympathatic tone distruption

*• Right lung has 3 lobes . Left lung 2 lobes.
When You examine the patient from the posterior of his Chest and his Right Side, You'll examine his upper and lower lobe
If You want to examine the patient's Right lung or his post. Chest ; DON'T FORGET TO EXAMINE HIM FROM LATERAL SIDE , because the middle lobe is lateral and can't be examined from post. Chest

@ So I examine the Right lateral or anterior Chest Because the Middle lobe is exposed from the Right lateral and Anterior Chest , to Rule out any pathology there

→ How can You ask about the common presenting symptoms and make a diffrential diagnosis from them ?

- Breathlessness
  - most common RS symptom
  - think about lung and cardiac causes , in addition to others
  - Hypoxia is low tissue oxygenation ; hypoxemia is low arterial (PaO_2) oxygenation

- Causes of breathlessness
  know cardiac , RS , and metabolic causes
  - metabolic causes as when patient have DKA or hyperosmolar non-ketotic acidosis
  - someone having Low Blood suger , came with Shortness of breath or kussmaul breathing
  You have to think about the diffrent causes that may cause it

- Cardiac Cause of Breathlessness
  - left ventricular failure
  - constrictive pericarditis
  - pericardial effusion
  - tamponades
  - Mitral / Aoartic heart diseases
  - ischemic Heart ds that can cause hypertrophic cardiomyopathy

- RS cause of Breathlessness
  - PE
  - pulmonary vasculitis like Goodpasrure syndrome or Régner syndrome
  - (granulomatosis with polyangitis)
  - Hemosiderosis

- Metabolic Acidosis causing Shortness of Breath
  - DKA
  - hyper osmolar nonketotic
  - anemia (cause also chest pain)

- Anemia may cause chest pain because of decreased blood supply and O_2 to heart
- In any shortness of breath You have to rule out anemia and metabolic causes and sometimes insiginal diseases

- Acute breathlessness associated symptoms
  - when we say no chest pain pulmonary embolism (May come like that) but most characteristic pulmonary embolism come with pleuratic chest pain
  - No chest pain + shortness of breath can come in pneumothorax but its most likely come with sharp chest pain
  - Pulmonary embolism most likely come with pleuratic chest pain
  - Metabolic acidosis most likely come without chest pain
  - wheeze chest , think about obstructive lung disease as COPD , cystic fibrosis , and bronchiactrisis + Asthma

- Medical Research counsil staging
  It would guide the management of COPD

- WHEEZE
  - If you see a wheeze chest , think of :
    - COPD
    - asthma
    - bronchiactisis
    - cyctic fibrosis
  - A diffused wheezy chest , Narrowing of bronchus / airway You have to think asthma or COPD
  - focal wheezy chest with coarse crepitation think about bronchiactisis
  - localized wheezy chest (at for example left lower lobe) at one lobe or one side ; think about cancer or foregn body

- Q of causes of wheeze
  - wheeze and cough most likely develope at early morning (why ?) because it's most likely due to asthma , and cortisol levels would be low at early morning (2-4 A.M) so the bronchospasm increase would lead to wheezy chest
  - You have to rule out any smoking History , allergy
  - @ cause if patient come with wheeze chest and more than 20 pack / Year You have to think about COPD

- History of allergy
  - @ any patient with sudden onset of Shortness of breath , urticaria , and wheezy chest You have to think about allergy
    Manage with hydrocortisol + antihistamine

- cough Questions
  - duration
  - @ patient came with 3 Years history of cough with sputum production
    You have to think about chronic bronchitis

- associated symptoms with cough
  - cough variant asthma (cough with NO other symptoms)
  - @ patient may have asthma but the presenting complain is cough No wheezy Chest or other findings
  - Rule out history of smoking
  - @ patient with productive or chronic cough with smoking History
    Keep on mind COPD or lung cancer ds

- sputum
  - If the color is rusty Red Sputum
    its pneumococcal pneumonia
  - @ patient with fever , Shortness of breath , Respiratory / chest finding that indicates pneumonia , Rusty Red sputum
    Think of pneumococcal pneumonia
    (pneumococcal pneumonia is the most common cause of pneumonia

  - @ patient come with pneumonia symptoms and current jelly sputum
    You have to think about Klebsiella infection pneumonia

  - Yellow sputum
    - acute pulmonary infection
    - asthma
  - Green sputum (longer infection) الجدول مهم
    - pneumonia
    - bronchiectisis
    - cystic fibrosis
    - lung abscess

- Hemoptysis (coughing up blood from chest) (Not hematemisis)
  - You have to clarify the symptoms from epistaxis , hematemesis , hemoptysis
    (hematemesis ↳ from GI ; hemoptysis ↳ from RS)
  - clarify amount of blood ? mixed with sputum ? Duration ? frequency ?
  - Hemoptysis would give a clue about diagnosis

- Massive Hemoptysis number مو مطلوب مهم
  depends on patients blood pressure along with the amout of Hemoptysis

- Large volumes of Hemoptysis suggests that :
  - lung cancer invading pulmonary vessel
  - bronchiectasis
  - Cavitatory ds as lung abscess
    - . You have to diffreniate between lung abcsess and empyema
      lung abscess in the interstitual of lung
      emyema usually in the pleural cavity
  - pulmonary vasculitis
    granulatosis with polyangitis or eosinophilic granulatosis with polyangitis , which is any type of vasculitis that lead to Hemoptysis
  - pulmonary arteriovenous malformation
    usually is massive bleeding

@ Patient with TB or cavitory ds that may cause cavitory lesion as lung abscess , If it invade the vessel , It'll lead to massive Hemoptysis

- STRIDOR
  - . inspiratory , expiratory . inspiratory + expiratory (biphasic)
  - just know How to diffriniate strider from wheezy chest

- Chest pain
  - . take socrates for any pain
  - . can orginate from MSS , CVS , RS , GI diseases
  - . pleural pain

  @ think about pleuratic chest pain in :
    - pulmonary Embolism
    - pneumonia
    - pneumothorax
    - fractured Rib

- Massive PE will obstruct pulmonary artery , elevate pulmonary artery pressure and would cause signs and symptoms of Right Heart failure
  - . Signs of HF if its due to pulmonary hypertention , its called cor pulmonale
  - . Right - HF manifistications :
    - lower limp Edema
    - elevated JVP
    - ascitis
    - hepatomegally

    But with CLEAR LUNG
  - . always think massive pulmonary Emboli may cause cor pulmonale after causing pulmonary hypertention

  - . any patient with chest pain don't assume he have GERD or any esophageal symptoms first of all You have to rule out cardiac cause

- Fever / Rigors / Chills
  - . Its a systemic symptoms
  - . If you see it , think about infection as lung abscess , empyema , or TB , And lymphoma
    - lung abscess
    - emyema
    - TB
    - lymphoma
    - malignancies with paraneoplastic symptoms
    - severe pneumonia

- weight loss
  - . If seen think about :
    - lung cancer
    - Chronic infective ds
    - any Chronic breathlessness cause as COPD , cyctic fibrosis, bronchiactisis

- SLEEPINESS
  - . the patient waked up refreshed or exhausted
  - . some patients have nonrefreshed sleeping and sleep during the day
  - . Most of them have obstructive sleep apnia overlapped with Obesity hypoventilation Syndrome
  - . Obstructive sleep apnia have recurrent waking at Night due to decreased auto set ?
    during the Night
  - . Diffrence in Obstructive sleep apnia and Obesity hypo ventilation syndrome
    CO_2 in obstructive sleep apnia is Normal
    CO_2 in obesity hypoventilation Syndrome is more than 45

- take Past Medical History
  - . the hay fever , eczema , asthma may persist in patient life and may exerbate

- Family / social History
  - . smoking → related to COPD (chronic bronchitis in patients who have COPD) , lung Cancer
  - . occubation
  - . Home condition

- Occupational History
  - . Asbestosis and coal dust cause lower lobe lung fibrosis (lower lobe interstial lung ds)
  - . Silca cause upper lung pathology
  - . Silca is associated with TB activation

e Patient have findings suggesting lower lobe interstitial lung ds
Keep in Mind if its asbestosis , coal dust , or idiopathic pulmonary fibrosis

- FARM
  - . extrensic allergic alveolitis = hypersensitivity pneumonitis = farmer's lung
  - 6. came with 1-2 months history of Shortness of breath , low grade fever , exacbatting Factor