



CPC
September 13, 2005

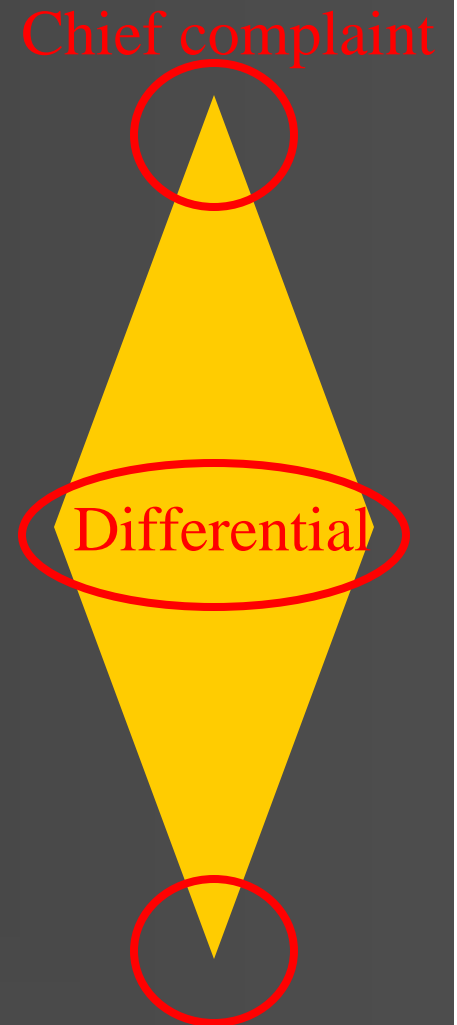
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Rules:

- Start with the chief complaint.
 - Favor common diseases over uncommon diseases
 - If it looks like an unusual case, favor a common disease with an unusual presentation...
 - Look especially hard for diseases that can be treated.
 - Never be 100% certain of anything...
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Approach to the case (or any case...):

- Start narrow (e.g., the chief complaint)
- Broaden to a differential:
 - From what organ system is the chief complaint arising?
 - What are the different types of diseases that could cause that organ system to cause that symptom?
- Each diagnostic test/procedure should have a hypothesis behind it.



What does the patient tell us?

- Chief complaint: shortness of breath
 - Symptoms:
 - Dyspnea
 - Dry cough, occasional hemoptysis
 - No fever
 - 15 lb weight loss
 - Felt well until 1 month ago
 - Past history:
 - Smoker
 - GERD
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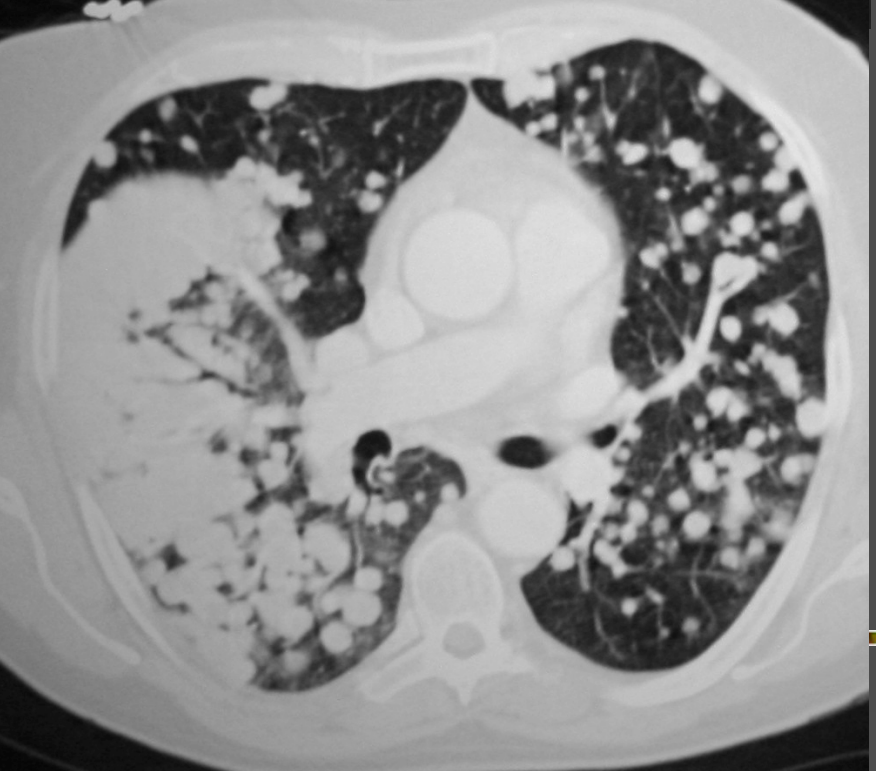
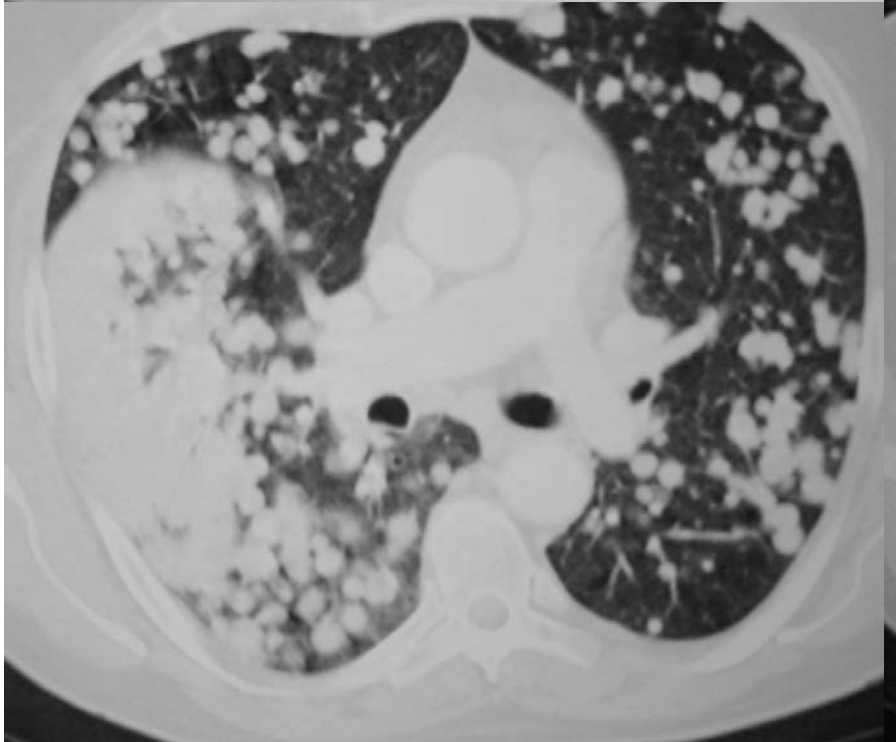
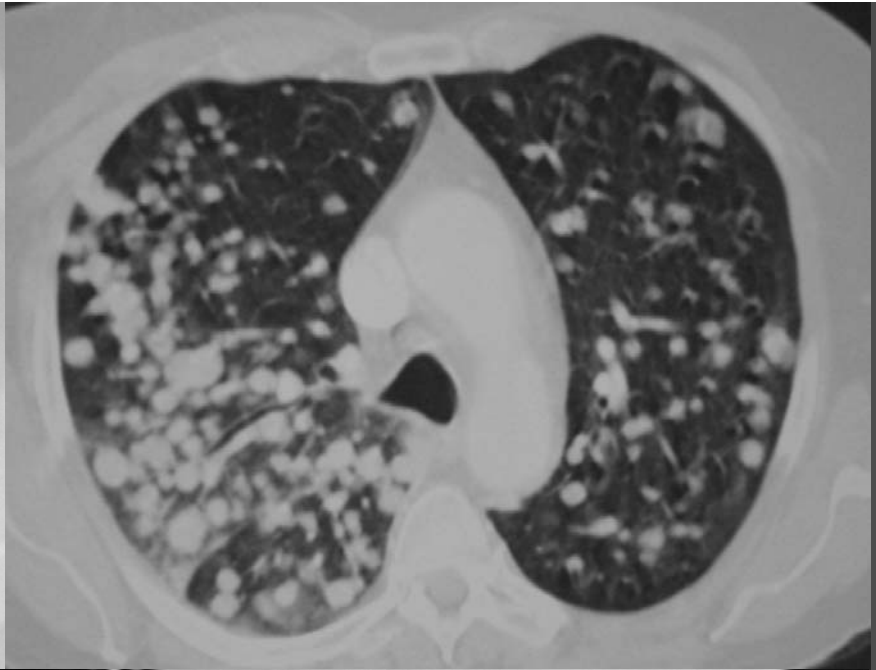
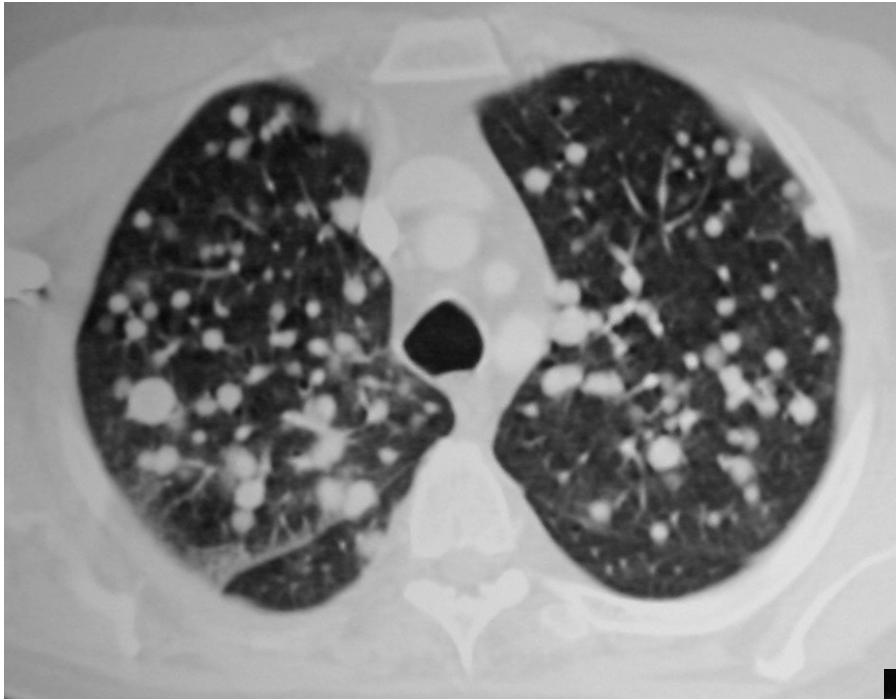
What does the physical exam reveal?

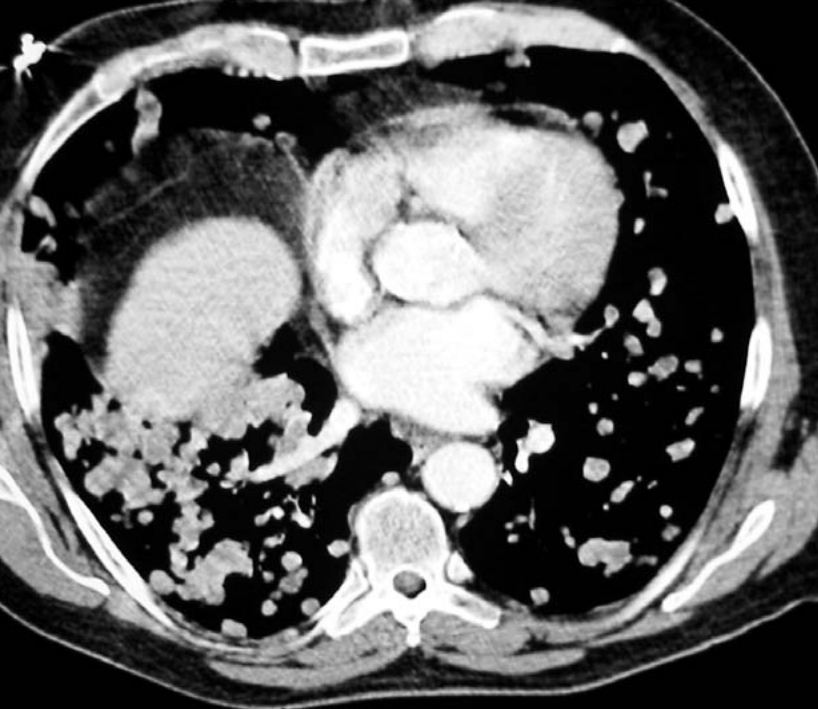
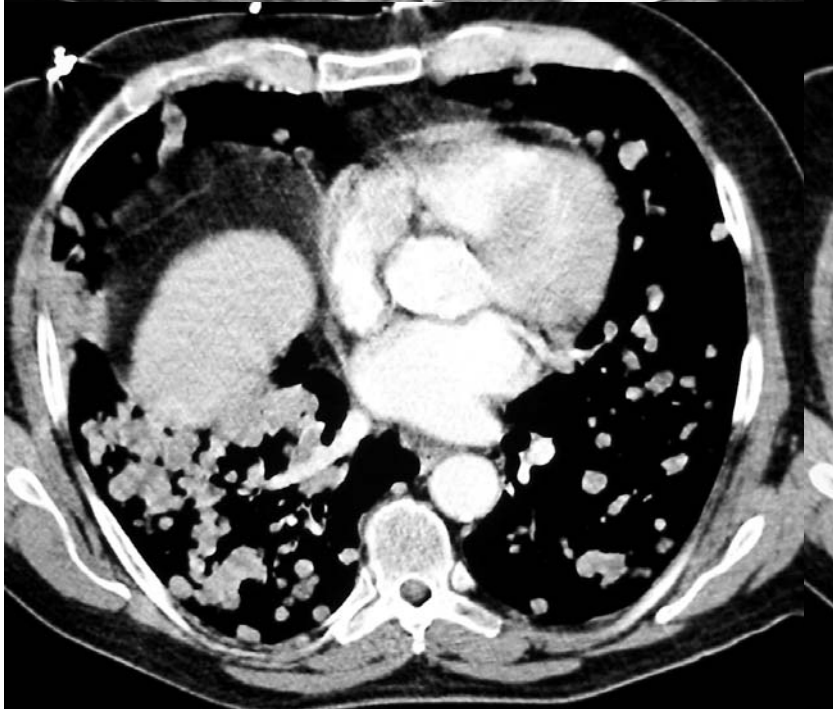
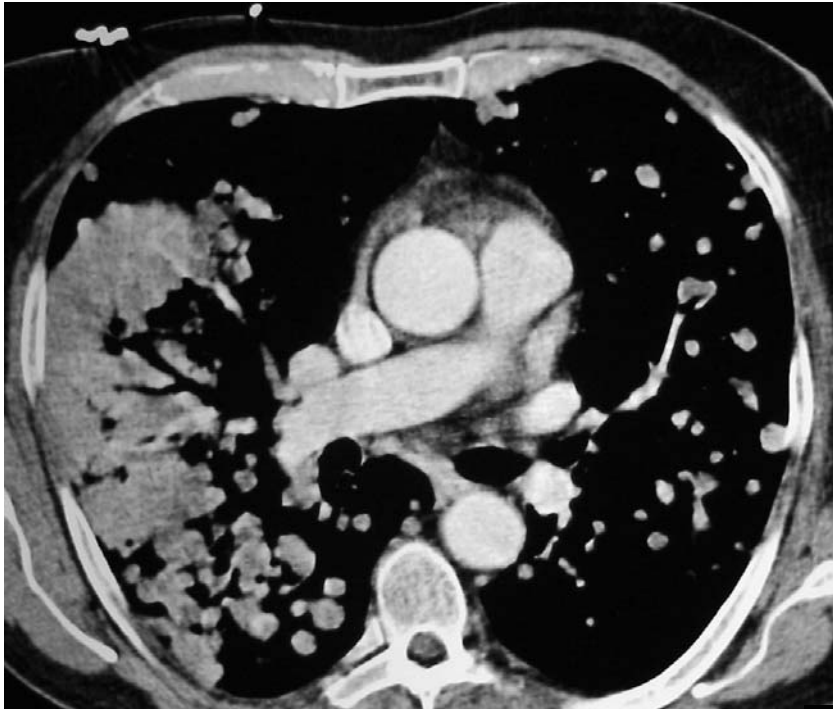
- Hypoxia, tachypnea
 - No fever
 - Inspiratory crackles
 - A rash
 - A left facial palsy
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What have we learned from the tests?

- He's got a problem in his lungs...
 - Miliary pulmonary nodules, with a lower lobe infiltrate.
 - We haven't been able to culture anything so far...
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Visipaque IV Contrast Only

Visipaque IV Contrast Only

Differential diagnosis: neoplastic?

■ Pro:

- Cancer is common
- CT findings
- Smoking history
- Patient age
- Weight loss
- (I'm an oncologist, dummy...)

■ Con:

- Relatively rapid progression
 - Need to explain the RLL consolidation
 - No mediastinal nodes
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Differential diagnosis: infectious?

■ Pro:

- Relatively rapid onset
- Looks like there might be pneumonia
- Infections are common

■ Con

- Not much fever (if any)
 - Cultures negative
 - Normal immune system (presumably)
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Differential Diagnosis:

Neoplastic

Bronchioloalveolar CA

Mesothelioma

Small cell lung CA

Non-small cell lung CA

Colon CA (rectal)

Melanoma

Unknown primary

Lymphomatoid
granulomatosis

Infectious

Tuberculosis

Histoplasmosis

Coccidiomycosis

CMV

Bacterial pneumonia

Fungal pneumonia

Other

Sarcoid

Eosinophilic
pneumonia

Wegener's

Differential Diagnosis: More likely

Neoplastic

Bronchioloalveolar CA

Small cell lung CA

Non-small cell lung CA

Unknown primary

Infectious

Tuberculosis

Other

Differential Diagnosis: Unusual

Neoplastic

Bronchioloalveolar CA
Mesothelioma

Infectious

Tuberculosis

Other

Sarcoid
Eosinophilic
pneumonia
Wegener's

Lymphomatoid
granulomatosis

Differential Diagnosis: treatable

Neoplastic

Bronchioloalveolar CA

Small cell lung CA

Lymphomatoid
granulomatosis

Infectious

Tuberculosis

Histoplasmosis

Coccidiomycosis

CMV

Bacterial pneumonia

Fungal pneumonia

Other

Sarcoid

Eosinophilic
pneumonia

Wegener's

The august wisdom of the Johns Hopkins Oncology Center:

- “When tumor is the rumor, tissue is the issue...”
 - (corollary: “No meat, no treat”)
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