

A 45-year-old Male with Cough, Shortness of Breath and Constitutional Symptoms

Mansoor Mehmood¹, Ruba A. Halloush² and Faisal A. Khasawneh^{3*}

¹Department of Internal Medicine, Texas Tech University Health Sciences Center, Texas, USA

²Amarillo Pathology Group, Texas, USA

³Infectious Diseases, Texas Tech University Health Sciences Center, Texas, USA

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A 45-year-old painter was admitted with a five day-history of a dry cough, headache, shortness of breath, and fever. His complaints started 10 days after he finished the remodeling of an old house. His physical exam was non-focal, and he had no rashes or lymphadenopathy. His blood tests showed white blood cell count of $12.7 \times 10^9/\mu\text{L}$ and his kidney and

liver function tests were within normal limits. Lumbar puncture results and human immunodeficiency virus infection (HIV) test were negative. His chest X-ray showed bilateral interstitial opacities. Lung computed tomography scans showed bilateral parenchymal micronodules. The patient's blood and bronchoalveolar lavage cultures were negative. He was diagnosed with atypical community-acquired

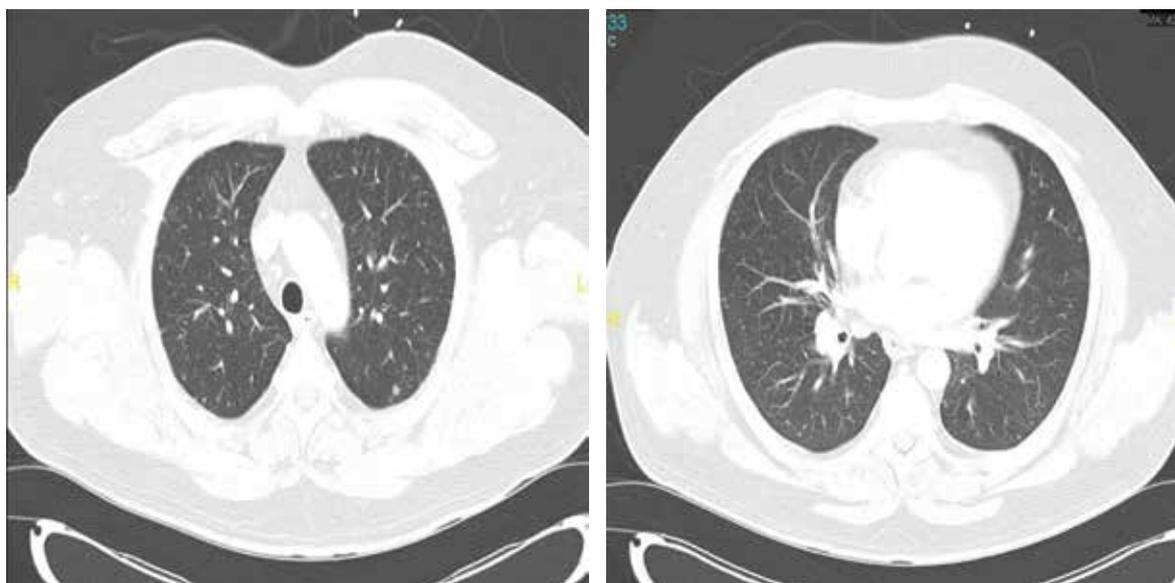


Figure 1: Computed tomography scans of two sections of the patient's chest showing bilateral pulmonary nodules of variable size.

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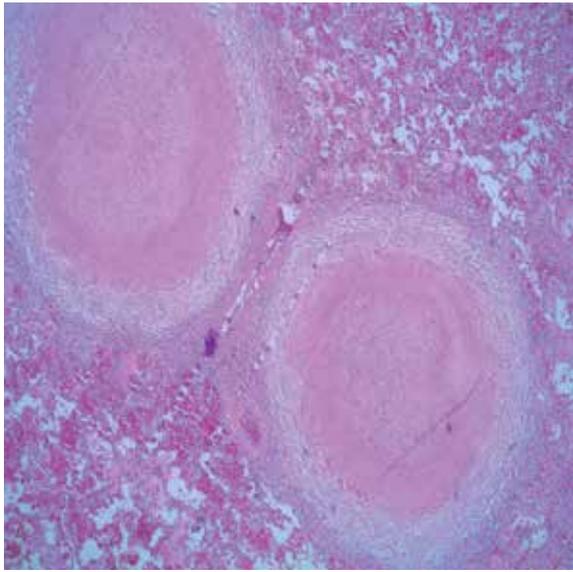


Figure 2: Hematoxylin and eosin stained section of the lung shows two well-defined granulomas with central necrosis, magnification = 40 ×.

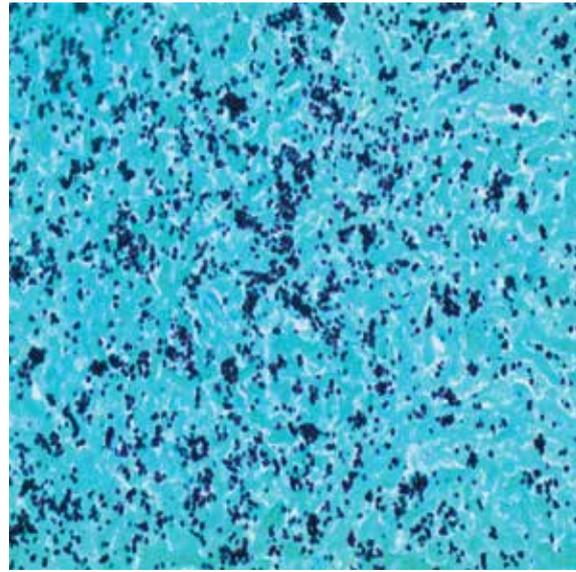


Figure 3: Gomori methanamine silver stain shows small budding yeast consistent with histoplasma. The yeast clustering indicates the intracellular location within macrophages, magnification = 400 ×.

pneumonia (CAP) and discharged on a course of azithromycin.

The patient was lost to follow-up until he presented to our hospital four months later with constitutional symptoms. He reported night sweats and fever, poor appetite, dry cough, and shortness of breath. Follow-up chest imaging showed an increase in the size of the pulmonary nodules [Figure 1a and 1b]. He underwent video-assisted thoracoscopy with a lung biopsy. Biopsy staining is shown in Figure 2 and 3.

Questions

1. What is your diagnosis?
2. How would you treat this patient?

Answers to the quiz, and the full article, can be found online at www.omjournal.org.