Clinico-Pathological Correlation – Preliminary round

A 50-year-old man was brought to the emergency on the wee hours with a history of increasing confusion and shortness of breath by his anxious family members.

He had a background history of schizophrenia, which was well controlled with antipsychotics. He did not have Diabetes mellitus, systemic hypertension in the past. He never smoked and did not consume alcohol. No other significant past medical history or family history was noted. Within a few hours of assessment, he became agitated and restless.

On examination, he appeared very anxious and had fine tremors in hands, with prominent, slightly bulging eyeballs.

Vitals:

Pulse: 94/ minute, irregularly irregular.

Blood pressure: 90/54 mm Hg.

SpO2 80% at room air and he needed 10 litres/minute of oxygen to maintain oxygen saturation of 92–94%.

Jugular venous pressure (JVP) was raised.

Mild ankle oedema was present.

Examination of CVS: Varying S1

Examination of respiratory system: unremarkable.

Investigations

Liver function test:

Serum bilirubin (total): 1.8 mg%

Direct: 0.7 mg%

Blood urea: 40 mg%

Serum Creatinine: 1 mg%.

Thyroid profile:

Thyroid-stimulating hormone (TSH) -<0.03 mU/l,

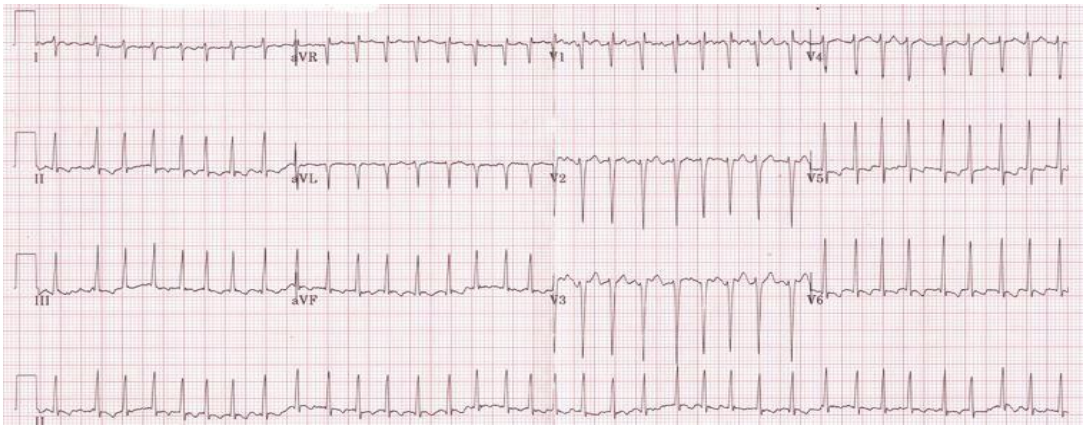
Free thyroxine (T_4) concentration of 7.0 pg/ml(2.3 to 4.2)

Free triiodothyronine (T_3) concentration of 3.6 ng/ dl (0.89 to 1.76)

TSH receptor antibody at 38.2 U/l (<1.0).

P.T.O.

Initial electrocardiogram (ECG) at presentation to the emergency room:



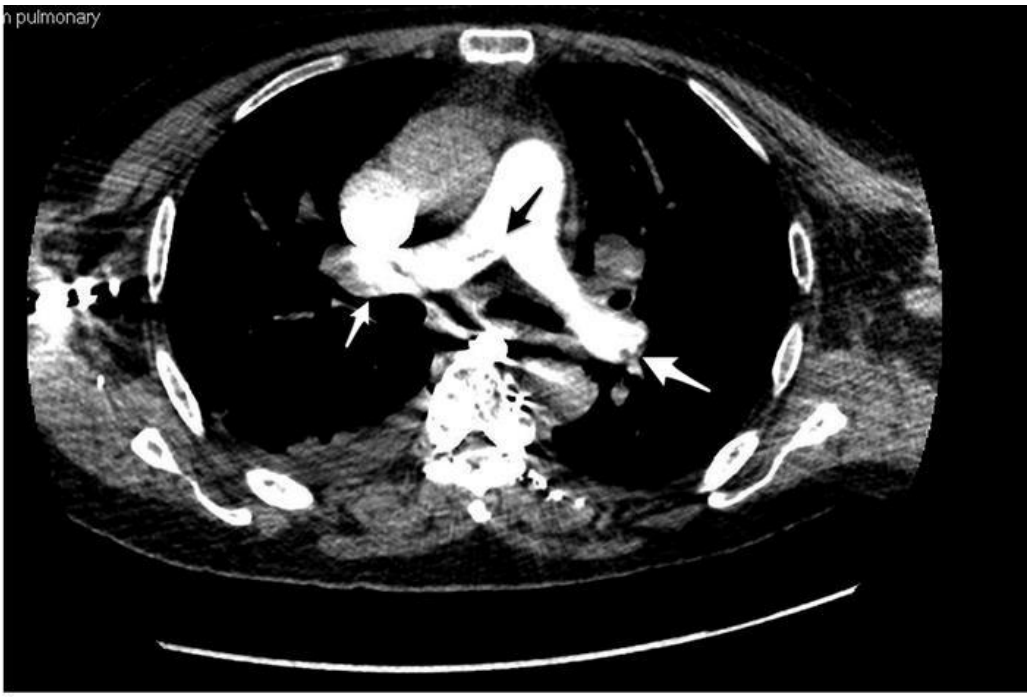
Bedside echocardiogram demonstrated globally impaired left ventricle function, dilated right ventricle and a pulmonary artery pressure of 45 mm of Hg.

P.T.O.

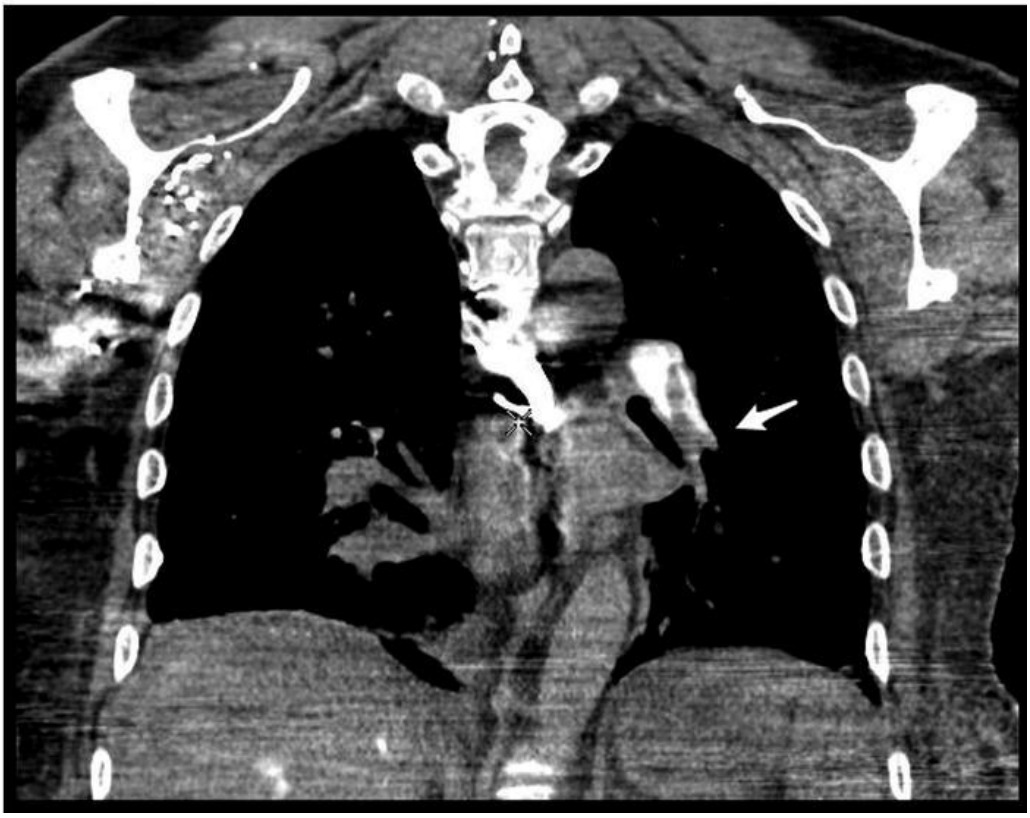
A CECT was done.

(a) Axial CTPA (b) Coronal view of CTPA

(a)



(b)



Questions:

a) What is your diagnosis? Justify your diagnosis step by step.
b) How do you plan to manage the case?