

A young breathless patient

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Case History

A 34-year-old gentleman, with a background of osteoarthritis, presented to the Acute Medical Unit with a short history of breathlessness. He had returned from holiday to the United States five days previously. Since return, he had complained of myalgia, sore throat, a non-productive cough, mild anorexia and fevers at home. More acutely, prompting his presentation to hospital, was acute dyspnoea, which was sudden onset, with some central anterior chest discomfort and worse lying flat.

Observations on admission showed a respiratory rate of 24 and a tachycardia of 105. He was normotensive, afebrile and did not have an oxygen requirement. Examination revealed some minor anterior chest wall tenderness. Heart sounds were

normal and there was good air entry to the chest. There were no clinical features supportive of venous thromboembolism. His abdomen was soft and non-tender.

Investigations were supportive of the working clinical diagnosis of a viral illness, with a minor rise in his inflammatory markers (WBC 14.5, CRP 17) and a mild transaminitis (AST 48, ALT 85). D-dimer and troponin T were both negative. Electrocardiogram showed a sinus tachycardia. His chest x-ray is shown here (Figure 1).

Questions

1. What abnormality is shown on the chest x-ray?
2. How should this patient be investigated?
3. What is this patient's diagnosis and how should he be subsequently managed?

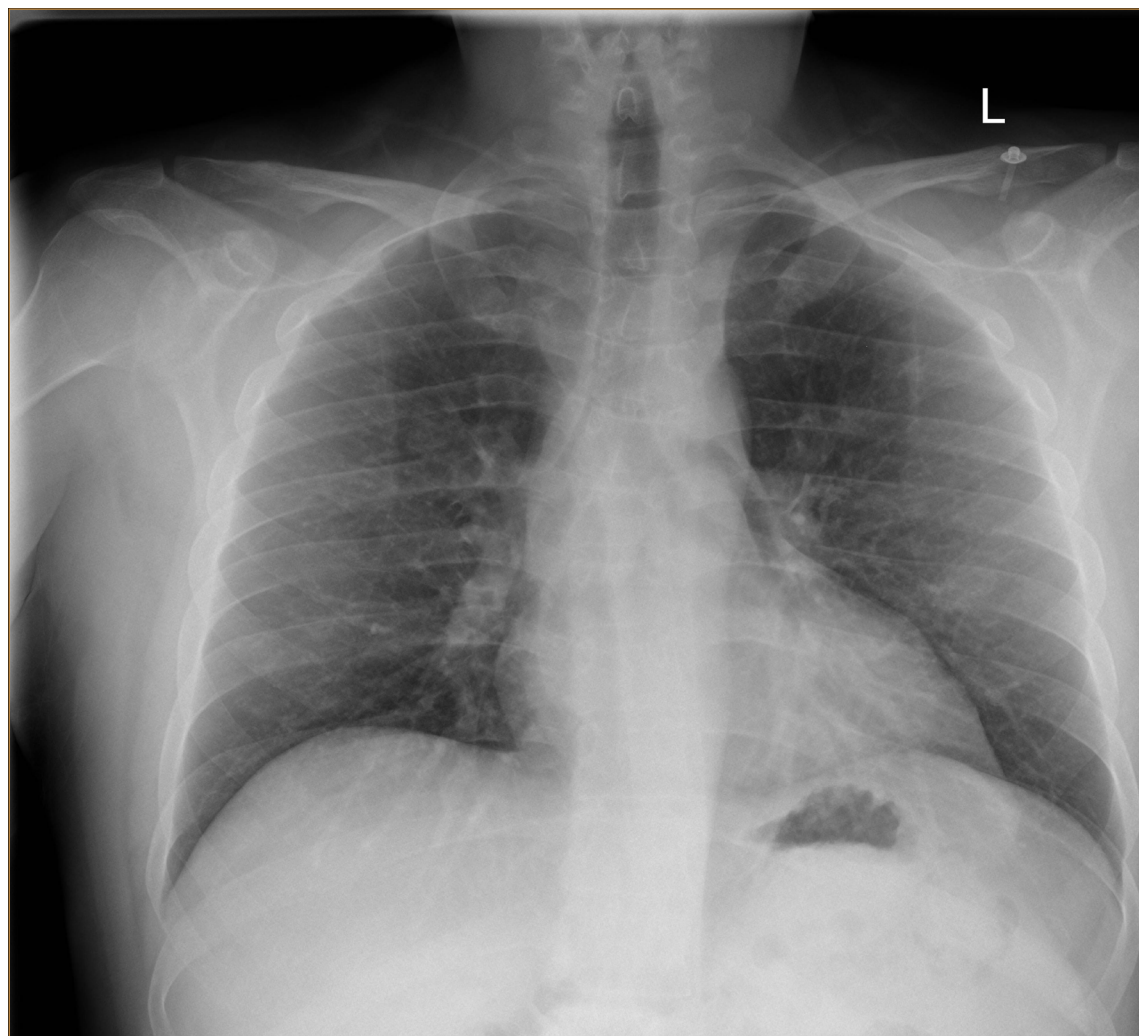


Figure 1. Chest x-ray

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