Anjana Thomas

H&P #2
Rotation 2 - Emergency Medicine

Source of information: 489152 Mandarin
Chief complaint: "Neck Swelling, SOB, hoarseness since 5pm today"
39 year old male with a past medical history of HLD, schizophrenia, gout, depression, and eczema presents to the ED with acute onset neck swelling, shortness of breath, and hoarseness beginning around 5 PM today. Patient reports symptoms started shortly after exercising, during which he felt overheated and drank milk. He then developed a sensation of neck swelling, and difficulty breathing. He notes that milk has not triggered similar symptoms in the past. He reports approximately four similar episodes over the past three months, each requiring ED visits, during which he was treated with steroids with improvement. He recalls a prior episode triggered after a shower, during which he felt his throat was closing. He did not take any medications prior to arrival. He reports SOB have improved since onset and have not progressed. He denies urticaria, pruritus, lip or tongue swelling, wheezing, syncope, dysphagia, drooling, or difficulty handling secretions. He denies new medications, or recent exposure to new foods, detergents, or known allergens. He denies fever, chills, nausea, vomiting, diarrhea, abdominal pain, recent illness, or recent travel. He denies prior need for intubation and reports no known family history of similar episodes.

Past Medical History
Gout
Hyperlipedemia
Schizophrenia
Depression

Past Surgical History
None

Medications
Allopurinol 100mg tablet PO daily in the evening, last dose unknown
Atorvastatin 20 mg PO daily, last dose unknown
Sertraline 50mg dose, last dose unknown
Patient states he is compliant with all medications.

Allergies
Denies medication, environmental or food allergies.

Family History

Unknown

Social History

Travel: Denies any recent travel outside of the state or country

Marital history: Single

Occupational history: unknown

Home Situation: Lives with parents

Drugs/Alcohol: Denies any use of alcohol or drugs

Smoking history: Denies smoking

Exercise: He reports trying to be active recently by walking on the treadmill or working out whenever he gets a chance.

ROS

General: Denies fever, chill, weight loss/gain, loss of appetite, generalized weakness, fatigue, fever, or night sweats

Hair, skin, nails: **Admits to dry skin and Eczema rashes.** Denies, changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, changes in hair distribution

HEENT: Denies lightheadedness, headache, trauma, dizziness, visual changes, double vision or blurriness, change in hearing, tinnitus, discharge from ears, nose bleed or discharge, congestion, sore throat, mouth ulcers or bleeding gums

Neck: **Admits to diffuse swelling, hoarseness** ; Denies lumps, stiffness or decreased ROM, no induration in subcutaneous space, no stridor or trismus

Pulmonary: **Admits to SOB**. Denies orthopnea, dyspnea on exertion, cough, sputum, hemoptysis, or wheezing

Cardiovascular: Denies chest pain, palpitations, syncope, irregular heart beat, heart murmur, or swelling of legs or feet

Gastrointestinal: Denies nausea, vomiting, changes in appetite, abdominal pain change in bowel habits, diarrhea, constipation, heart burn, blood in stool, or pain with swallowing

Genitourinary: Denies urinary frequency or urgency, dysuria, nocturia, hematuria, incontinence, flank pain or penile discharge

Neurological: Denies loss of cognition/memory, mild weakness, headaches, sensory disturbances, seizures, or weakness

Musculoskeletal: Denies redness, deformity, or swelling/pain or arthritis

Peripheral Vascular: Denies coldness, claudication, trophic changes, varicose vein, peripheral edema, or color change

Hematologic: Denies anemia, easy bruising blood transfusions or hx of DVT/PE

Endocrine: Denies thyroid enlargement, heat/cold intolerance, changes in facial or body hair, change in weight or excessive hair growth

Psychiatric: **Admits to history of depression and occasional sleep disturbance**. Denies anxiety, current mood changes, difficulty concentrating, or suicidal ideation.

Physical Exam:

General: Well-appearing 39-year-old male, alert and oriented ×3, in no acute distress.

Vital Signs:

BP: 129/74 Right arm

HR: 90 bpm, regular

T: 98.00, ear

O2 Sat : 99% on Room air

Weight: 101.7 kg Height: 68 in BMI: 34

Cardiovascular: Regular rate and rhythm (RRR). No murmurs.

Respiratory: Lungs are clear to auscultation bilaterally. No wheezing or rales.

HEENT: Normocephalic, atraumatic. PERRLA, EOMI. Oral mucosa is moist. Normocephalic, atraumatic. PERRLA, EOMI. Oral mucosa moist without lesions. Limited laryngoscopic airway visualization was performed using a video-assisted laryngoscope. Vocal cords were visualized with normal movement and no evidence of edema or obstruction. Visualization of supraglottic structures, including the vallecula, was limited.

Neck: Supple with diffuse mild neck swelling and mild tenderness to palpation along the lateral neck bilaterally, without erythema or warmth. Trachea midline. No stridor. No palpable lymphadenopathy or discrete masses. No crepitus or fluctuance.

GI: Soft, non-tender, non-distended. No organomegaly

MSK: Full ROM of neck and extremities. No active gout

Neuro: CN II-XII intact. Strength 5/5 bilaterally in upper and lower extremities.

Skin: Dry skin in areas consistent with eczema, No urticaria, angioedema of lips/tongue, or acute rash

Assessment: 39 year old male with a past medical history of eczema, schizophrenia, gout, depression, and hyperlipidemia presenting with recurrent episodes of throat tightness, hoarseness, and shortness of breath triggered by heat exposure and exercise. The patient is hoarse but speaking in full sentences and appears comfortable without signs of respiratory distress. On exam, there is mild diffuse neck fullness with mild tenderness along the lateral aspect of the neck. The patient is protecting his airway and has no red flag symptoms. A limited video-assisted laryngoscopic airway evaluation was performed and demonstrated normal vocal cord movement

without evidence of edema, obstruction, or structural abnormality. Given the recurrent nature of symptoms, clear trigger association with exertion and heat, normal airway evaluation at rest, and absence of systemic allergic features, this presentation is most consistent with exercise-induced laryngeal obstruction (EILO).

Differentials

1. Exercise-Induced Laryngeal Obstruction (EILO)

This is the most likely diagnosis based on the patient's presentation. He reports recurrent episodes of throat tightness, hoarseness, and shortness of breath that are consistently triggered by exercise and heat exposure and improve with rest. His airway exam is reassuring, and limited laryngoscopic evaluation demonstrated normal vocal cord movement without edema or obstruction at rest. The absence of systemic allergic features further supports a functional airway etiology.

2. Anaphylaxis (early or atypical)

Anaphylaxis can be considered in patients presenting with airway symptoms. Can be unlikely due to the absence of multi-system involvement, including no hypotension, rash, GI symptoms, or wheezing. The recurrent, trigger-specific nature of symptoms also makes anaphylaxis less likely.

3. Angioedema (histamine-mediated vs idiopathic)

Angioedema is a consideration given the patient's report of neck swelling and prior improvement with steroids. However, it can be less likely given the absence of lip or tongue swelling, urticaria, and lack of airway edema on exam.

4. Epiglottitis

Epiglottitis is a potentially life-threatening cause of airway obstruction and must be considered. However, this is unlikely given the absence of fever, drooling, odynophagia, or toxic appearance, and reassuring airway evaluation without evidence of obstruction.

5. Deep Neck Space Infection (Retropharyngeal Abscess, Ludwig Angina)

These conditions can present with neck swelling and airway symptoms. However, this is unlikely given the absence of fever, erythema, fluctuance, trismus, or systemic toxicity, as well as the patient's stable exam and recurrent pattern of symptoms.

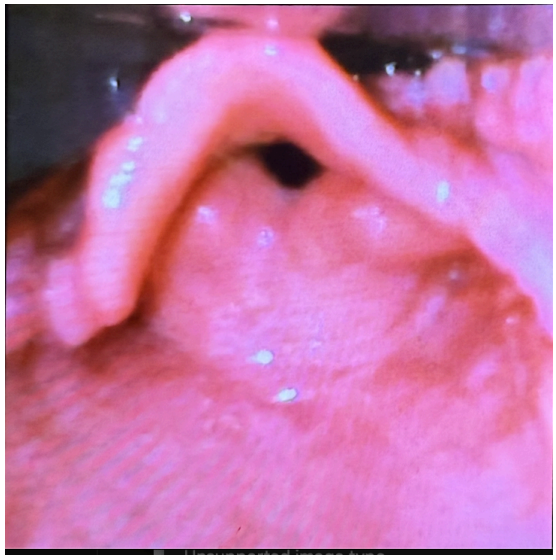
6. Vocal Cord Dysfunction / Paradoxical Vocal Fold Motion

This overlaps with EILO and can present with episodic dyspnea, hoarseness and throat tightness, often triggered by exertion or stress. The normal airway exam at rest supports this diagnosis, and it may represent a spectrum with EILO.

Plan:

- ED Observation Airway monitoring - Continuous pulse oximetry, Reassess for any signs of airway compromise such as stridor, worsening hoarseness, drooling

- Neck & chest X-ray soft tissue
- ENT referral for outpatient evaluation
- Dexamethasone 15 mg given
- Precaution: Avoid/Limit heat triggers and strict return precautions if:
    - Worsening shortness of breath
    - Stridor
    - Drooling or difficulty swallowing
    - Lip/tongue swelling



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