From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 26/03/2025 10:39 AM
Subject: CPC Clinical Protocol, 26.03.2025

Dear All,
The next Wednesday CPC of the session will be held tomorrow, **March 26, 2025** at **08.00 hours** (IST) in **Lecture Theatre 1**, Nehru Hospital, PGIMER, Chandigarh under the Chairmanship of **Prof. Sanjay Jain.**

The session will also be available on the Webex platform. Kindly follow the link below to join.

https://pgitelemed.webex.com/pgitelemed/j.php?MTID=md00288711fdbf94321a0819943e426a2

In case you join in thru WebEx, kindly **ensure that your microphone and camera are switched off** and **PLEASE DO NOT SHARE YOUR SCREEN**.

The Clinical handout of the case to be discussed is attached herewith.
The clinical protocol will be discussed by ***Dr. Inderpaul Singh Sehgal, Department of Pulmonary Medicine.*** Autopsy pathology will be presented by ***Dr. Nandita Kakkar.***

Yours sincerely,

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Regional Resource Centre, North
Department of Telemedicine
PGIMER, Chandigarh

Staff CPC 26-03-2025

Mr. MP 49/M
CR 202402857461/Ad 2024083996
DOA 18-10-24 DOD 20-10-24

Clinician I/C: Dr. Ashish Behera
Discussant: Dr. Inderpaul Singh Sehgal
Pathologist: Prof. Nandita Kakkar

History. Mr. MP a 49-year old male was now admitted with c/o fever- 3 days, cough- 3 days, chest pain- 3 days, and dyspnea (mMRC-IV)-1 day. There was no history of hemoptysis, wheezing, orthopnea, rhinitis, joint pains or swelling, decreased urine output. He was recently diagnosed with Sjogren's syndrome (dry cough, dental caries, dyspnea mMRC-II, & ANA2+, anti sm+, anti-SSA3+, antiSSB+, Anti-Ro-52 3+). CT chest done in June 2024 revealed organizing pneumonia pattern with ground glass opacities (? OP-NSIP pattern). He was treated with cyclophosphamide (1 gm x 2 cycles; last cycle on 14-9-24 & prednisolone [60mg/d → 20 mg/d]).

Past history. Nothing significant

On examination. Patient was conscious, PR- 112/min, regular; BP- 116/72 mm Hg; RR- 40/minute. There was no pallor, icterus, cyanosis, clubbing, edema or lymphadenopathy. JVP was +/-. **RS**- *Bilateral fine inspiratory crackles*. **NS**- Normal **CVS**- Normal. **ABDOMEN**- Normal

Investigations

	05/08/24	09/09/24	15/10/24	19/10/24	20/10/24
Biochemical investigations					
Na/K	136/4	147/3.88	142/4.68	139.8/3.48	137.1/3.86
BU/Creat	16.5/0.83	23/0.94	24.2/0.84	85.7/2.04	82.5/1.71
Uric acid				7.5	
Urine output				1800 mL	
Bilirubin (total/conjugated)				1.16/0.59	1.38/0.24
Prot/Alb				5.17/3.13	5.87/2.6
AST/ALT		18.3/39.4	15.6/29.1	63.6/20.7	169.3/81.1
SAP				20.7	
Ca/PO4				8.22/5.16	8.51
LDH				522	
RBS	102			95-160	133-149
CRP			0.97	423.34	
Procalcitonin				95 ng/mL	

Hemogram	**05/08/24**	**09/09/24**	**15/10/24**	**18/10/24**	**19/10/24**	**20/10/24**
Hb, gm/dL	15.6	16.7	16.3	15.9	13.1	13.5
TLC cells/mm^3	7700	11620	11960	7500	19320	22900
DLC (N/L/E/M)	55.1/33.3/4.6/6.7	64.8/27.9/0.3/6.7	88.2/8.4/0/3.4	65/29.2/1/3.9	93/1.5/0.3/5	-
Platelets (x 10^9/L)	182	163	206		144	128
Coagulation profile						
PTTK/APTT				29		
PT				13.7		
PTI				85		

PTI				85		
INR				1.19		

Urinalysis	**19/10/24**	**Arterial blood gas**	**18/10/24**	**18/10/24**	**20/10/24**
RE	normal	**PH**	7.29	7.305	7.318
ME	normal	**PaO2**	30.6	65.8	55.6
		PaCO2	49.5	25.2	35.3
		HCO3	-	12.3	17.7
		SaO2	-	89	84.8
		FiO2	? RA	?NRM	?NRM

EKG (current admission)- sinus tachycardia with left axis deviation (17.10.24)-→ incomplete RBBB with T wave inversion in leads V1-V3 (20-10-24)

2DEcho (June 2023)- LVEF:55%, no regional wall motion abnormality, right ventricular systolic pressure: 23+Right atrial pressure

Microbiology

	05-08-24	**19/10/24**	**20/10/24**
Sputum		*Pseudomonas aeruginosa*	
Blood culture			*Pseudomonas putida* (Meropenem-resistant)
Urine culture		Sterile	-
HbsAg	Negative		
Anti-HCV	Non-reactive		

Autoimmune workup

	30/05/24	**04/06/24**	**12/7/24**
ANA (IFA)	++ (cytoplasmic, rods and rings)	-	
Sm	-	-	++
SS-A	-	-	+++
SS-B	-	-	+
PM-Scl	-	-	Negative
dsDNA	-	-	Negative
Histone	-	-	Negative
Ro-52	-	-	+++
Jo-1	-	-	Negative
ANCA	-ve	-	Negative
MPO	0.3 IU/mL	-	0.2 IU/mL
PR3	0.3 IU/mL	-	0.2 IU/mL
Myositis profile		Negative	
Rheumatoid factor			Negative
ELiA CCP			Negative
hsCRP			4.10 mg/L
Schirmer's test	Right eye (25mm); left eye 15mm	-	-

Radiology

CTPA (18/10/24):

Interstitial fibrotic changes in both lungs with subpleural and basal predominance. Patchy to confluent areas of consolidation in both lungs? Super added infection. Main pulmonary artery 28 mm, RPA: 22 mm, and LPA: 21 mm. There was no evidence of pulmonary thromboembolism.

Course & Management

A 49-year-old male was admitted with c/o fever, chest pain, worsening dyspnea of short duration. Investigations revealed hypoxemia, leukocytosis, thrombocytopenia, azotemia and hypoalbuminemia. CT revealed bilateral ground glass opacities and right lower lobe consolidation with septal thickening. He had fever with recordings of 39-40°C on two occasions. He had rapidly worsening clinical course, requiring vasopressor support, and oxygen supplementation. He was treated with intravenous meropenem, vancomycin, and tablet oseltamivir. He also received hydrocortisone for shock. However, the patient did not improve and he sustained a sudden cardiorespiratory arrest on 20/10/24 from which he could not be revived.

Unit's final diagnosis

- Primary Sjogren's syndrome
- Acute exacerbation of interstitial lung disease
- Septic shock

Cause of death

Refractory hypoxemia