

CASE 3

A 28-year-old Caucasian male with no significant past medical history presents to the emergency room with left eye swelling for 3 weeks, fevers and body aches. The patient states he is an archaeologist who recently returned from an expedition where he slept in a small hut made of brick and mud during his stay. He states he initially noted mild left eye swelling. He went to an urgent care center on his return to the United States and was prescribed naphazoline ophthalmic drops and cortisporin ophthalmic drops for presumed conjunctivitis. He presents to the emergency room because the symptoms seemed to worsen despite judicious use of both medications. He states he has had continuous fever for the last 6 days. He states for the last week, he has had increased shortness of breath with exertion. Today, he developed persistent, pleuritic chest pain that is relieved when the patient sits and leans forward and is not related to exertion. A physical examination reveals the following:

Temp: 104°F

Pulse: 99, regular

Blood pressure: 128/78

Respiratory rate: 18

Oxygen saturation: 99% room air

Lung examination: clear to auscultation. No crackles or rales. Percussion, fremitus within normal limits.

Cardiac: muffled heart sounds with positive S3 gallop and a positive friction rub best heard at end expiration and increased with sitting forward

EENT: Positive for periorbital edema and erythema of the left eyelid. There is also noted a hardened red area proximal to the orbital swelling. The right eye is normal. Visual acuity is 20/20 bilaterally with no pain on extraocular movements. The sclerae are anicteric and there was no conjunctival injection.



A peripheral smear is performed: positive for atypical lymphocytes with no intracellular red blood cell inclusions or white blood cells inclusions.

Question 1

Which of the following ECG findings are most consistent with this presentation?

- S wave in V1 + R wave in V5 >35mm
- Low voltage QRS complexes
- Convex ST elevations in leads I, avL, V5 and V6
- negative QRS complex in lead I, positive QRS complex in avF
- convex ST elevations in leads II, III and avF

Question 2

Which of the following chest radiographs are most consistent with this presentation?

- Widened mediastinum
- Positive companion lines
- Bilateral hilar lymphadenopathy
- cardiomegaly
- Westermark sign

Question 3

Which of the following would be the most likely echocardiographic finding in this patient?

- Thick ventricular walls with an increased ejection fraction
- Asymmetrical septal wall thickening
- Right ventricular hypertrophy
- Mitral valve prolapse
- Thin ventricular walls with a decreased ejection fraction

Question 4

If a cardiac muscle biopsy was performed, which of the following would most likely be seen?

- Infiltration of lymphocytes and myocardial necrosis
- Infiltration with granulomas
- amyloid deposition
- trichinella larvae in the myocardial tissue
- trophozoites infiltration of the the myocardial tissue

Question 5

Which of the following is the most likely causative organism?

- Staphylococcus aureus
- Trypanosoma cruzi
- Trichinella spiralis
- Trypanosoma brucei
- Plasmodium malariae

Question 6

Which of the following is the most likely vector?

- Female Anopheles mosquito
- Ixodes tick
- Assassin (Kissing) bug
- Tsetse fly
- Fleas

QUESTION 7

Which of the following countries did the patient most likely recently return from?

- a. Columbia
- b. Nigeria
- c. Italy
- d. China
- e. Iraq

QUESTION 8

Which of the following describes the dermatologic finding of the “hardened red area” proximal to the periorbital swelling and the name of the periorbital swelling?

- a. Chagoma and Romaña’s sign
- b. Erythema migrans and Romaña’s sign
- c. Petechial rash and the Falciparum sign
- d. Chagoma and Nikolsky sign
- e. Erythema marginatum and Romaña’s sign

QUESTION 9

Which of the following is a common gastrointestinal complication of this disease?

- a. Pancreatitis
- b. Cholecystitis and gallstone formation
- c. megacolon and megaesophagus
- d. achalasia
- e. small bowel obstruction

QUESTION 10

Which of the following is the first line long-term management of the cardiac complication associated with this disease present in this patient?

- a. hydrochlorothiazide
- b. nifedipine
- c. nitroglycerin
- d. lisinopril
- e. diltiazem

QUESTION 11

Which of the following electrolyte abnormality is most common associated with the management in question 10?

- a. hyponatremia
- b. hyperkalemia
- c. hypercalcemia
- d. hypernatremia
- e. hypokalemia

Final

answer????????????????????

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MYOCARDITIS, PERICARDITIS AND DILATED CARDIOMYOPATHY DUE TO CHAGAS DISEASE

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GREAT JOB!! 😊

**All my best
Dwayne**

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