

Rare Encounters

Dr A R Anani, FRCP
Consultant Pulmonologist

Welcome All



Happy and Honoured



Clinical First Rule

- Common cases are common
- They make our bread and butter

Atypical Presentation

- Some common diseases may have unusual features.
- Others may suggest a rare disease or syndrome.
- Some are more challenging, even Google can not help: Extra effort is needed.
- These are the spices of our work.

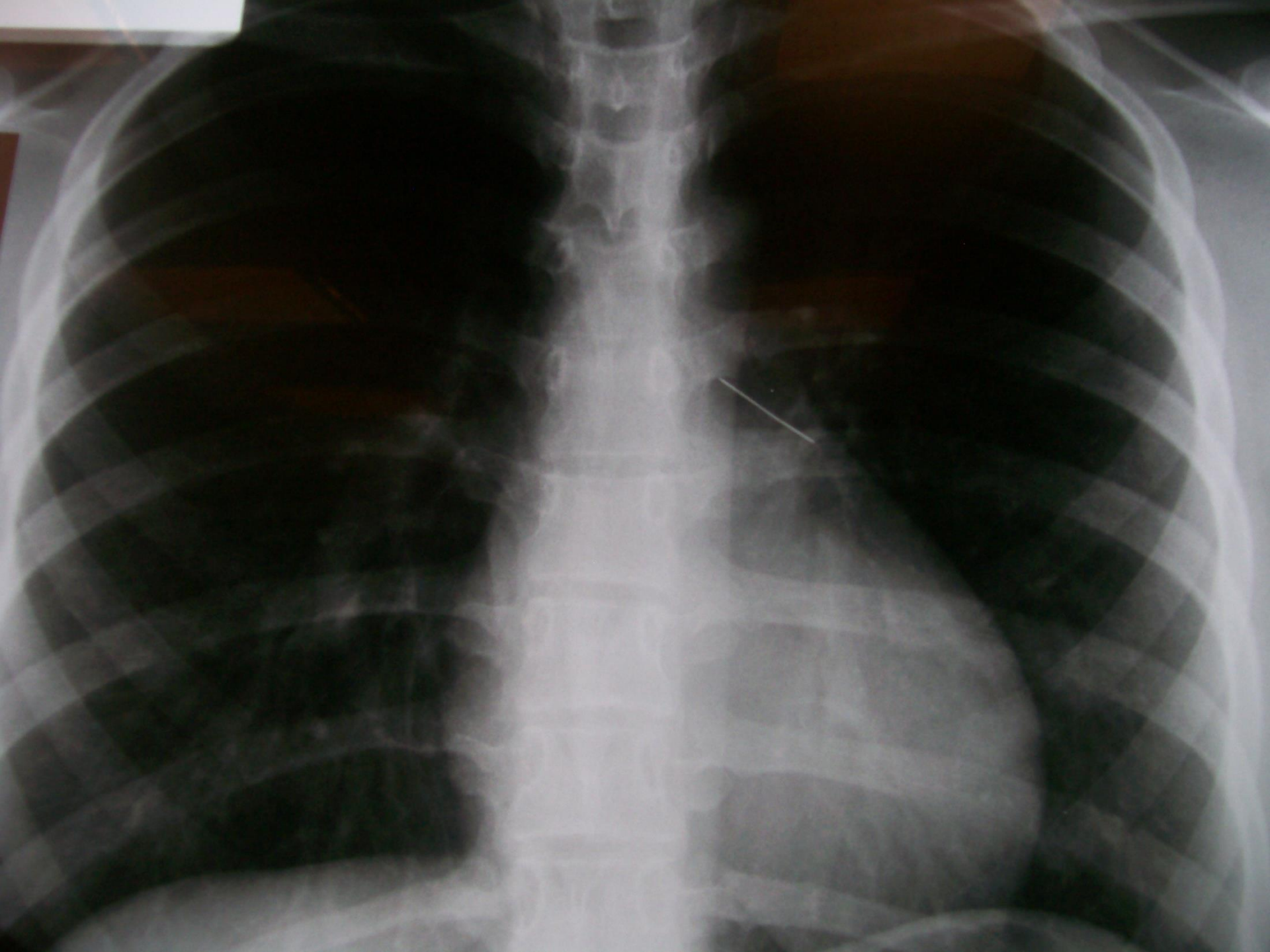
This Presentation

- Purely clinical looking at some rare published encounters that needed extra effort

Simple Straightforward Problems

Or Are They?





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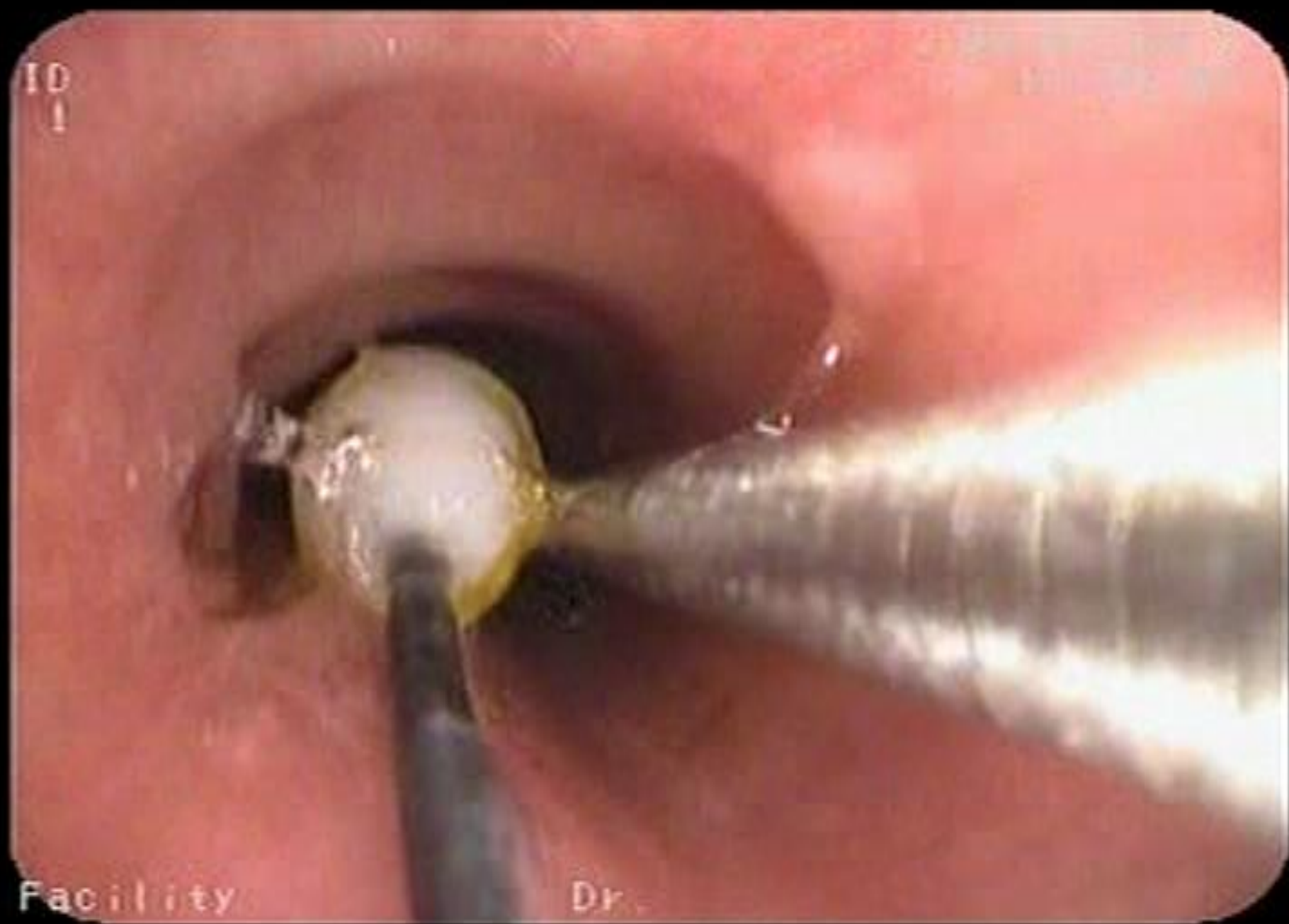
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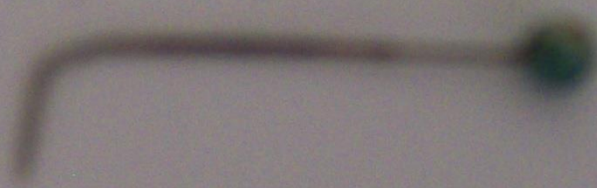
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PHARMA
C9
Trust



Longing

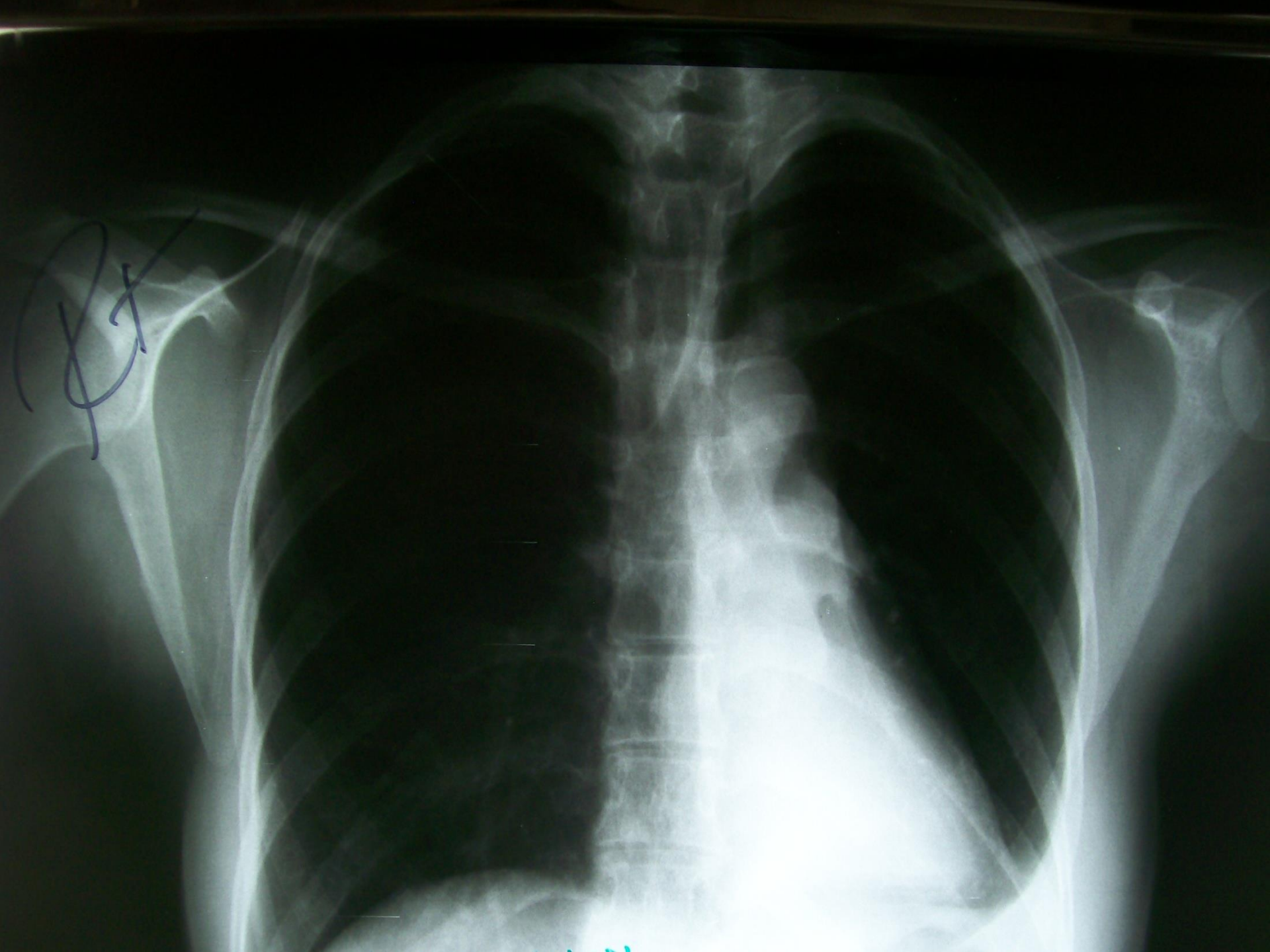


Longing

- 30 year old professional non smoker
- Recently gave birth to a baby boy
- She always enjoyed good health although pregnancy was troublesome

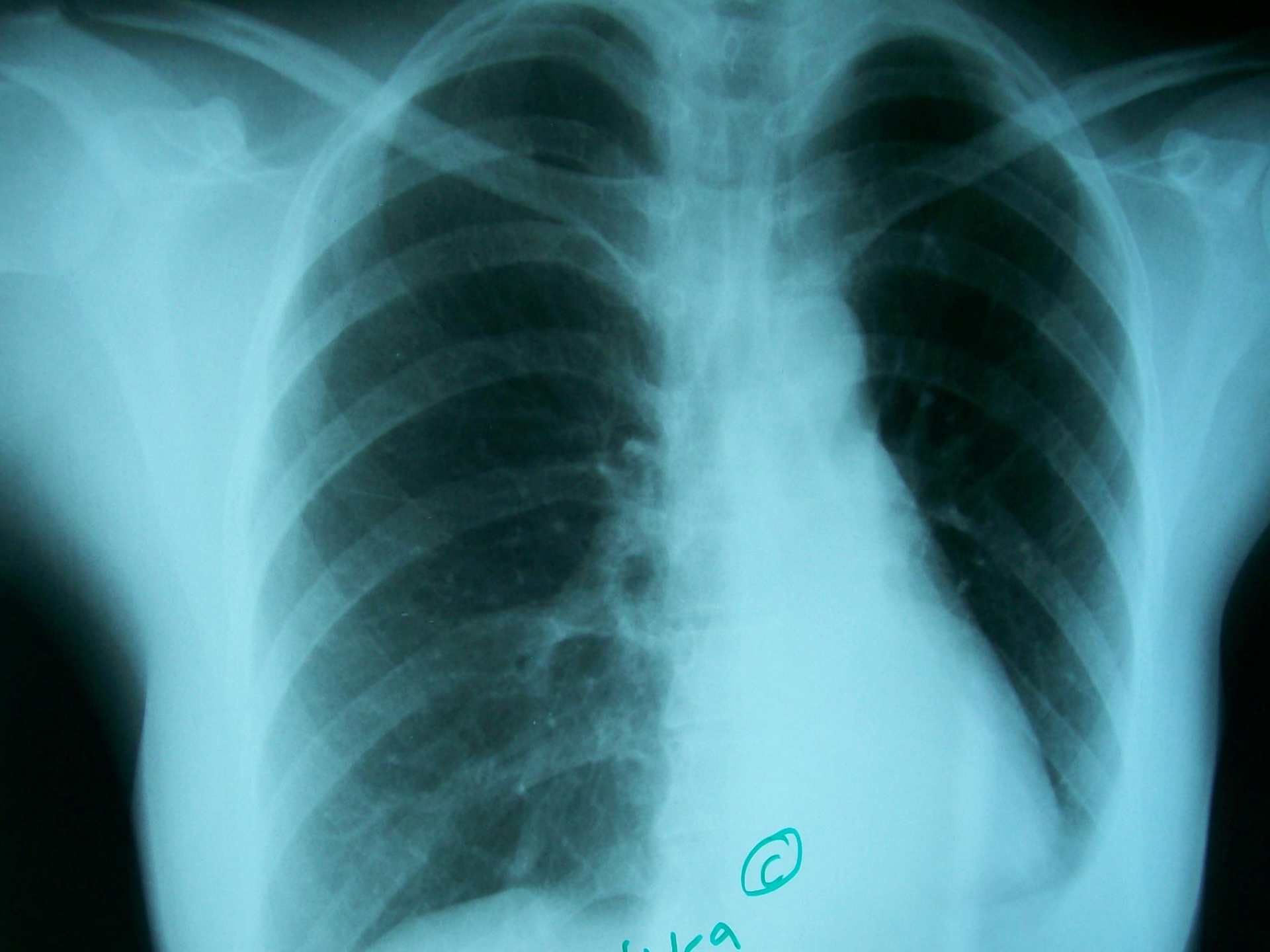
Longing

- 4 weeks ago she developed dry cough, no fever or other symptoms
- GP prescribed antibiotic
- Not better
- He referred her for chest x ray



Longing

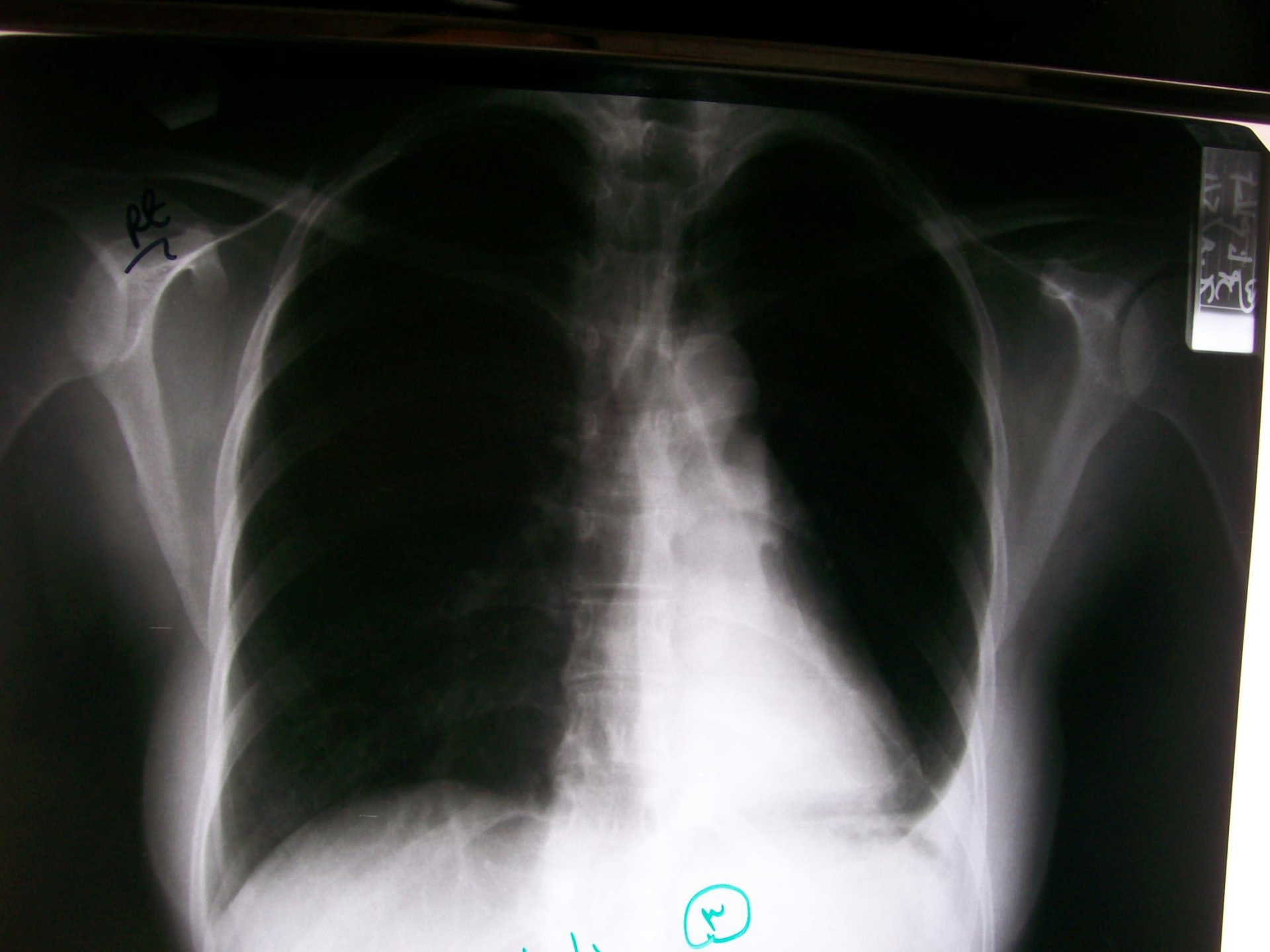
- He gave a course of I V antibiotic
- Chest x ray after one week: No change
- Cough became troublesome



S. K. A. ©

Longing

- GP referred her for admission
- She stayed in hospital for 3 weeks
- She was tried on 5 different I v antibiotics with no improvement clinically or radiologically



Rt

3

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Longing

- Her doctor, feeling stuck, decided to get rid of the problem by sending her home refusing to seek second opinion
- He sent her home on 2 other antibiotics!!!!

- ③ Targopranin 400mg I.V X2
- ④ Nexium 40mg I.V X1
- ⑤ hydrocortisone 100mg I.V X3

Consultation Summary _____

Course in Hospital & Complications (Patient was treated in hospital with I.V fluids and with I.V Antibiotics, and follow up chest X-RAY was done, no complications in

Patient Condition at Discharge _____

Patient Condition is stable, not in pain, still Complaining Shortness of Breath, Vital Signs are stable, no new Comp

- | | | |
|--------------|-----------------------------|-----------------|
| Medication | 1- Zinat 500mg P.O X2 | 2- Dalacine 300 |
| at Discharge | 3- Tavanic 500mg P.O X1 | 4- |
| | 5- prednisolone 20mg P.O X2 | 6- Nexium 40mg |
| | 7- | 8- C-cemixyl 2 |
| | 9- | 10- |

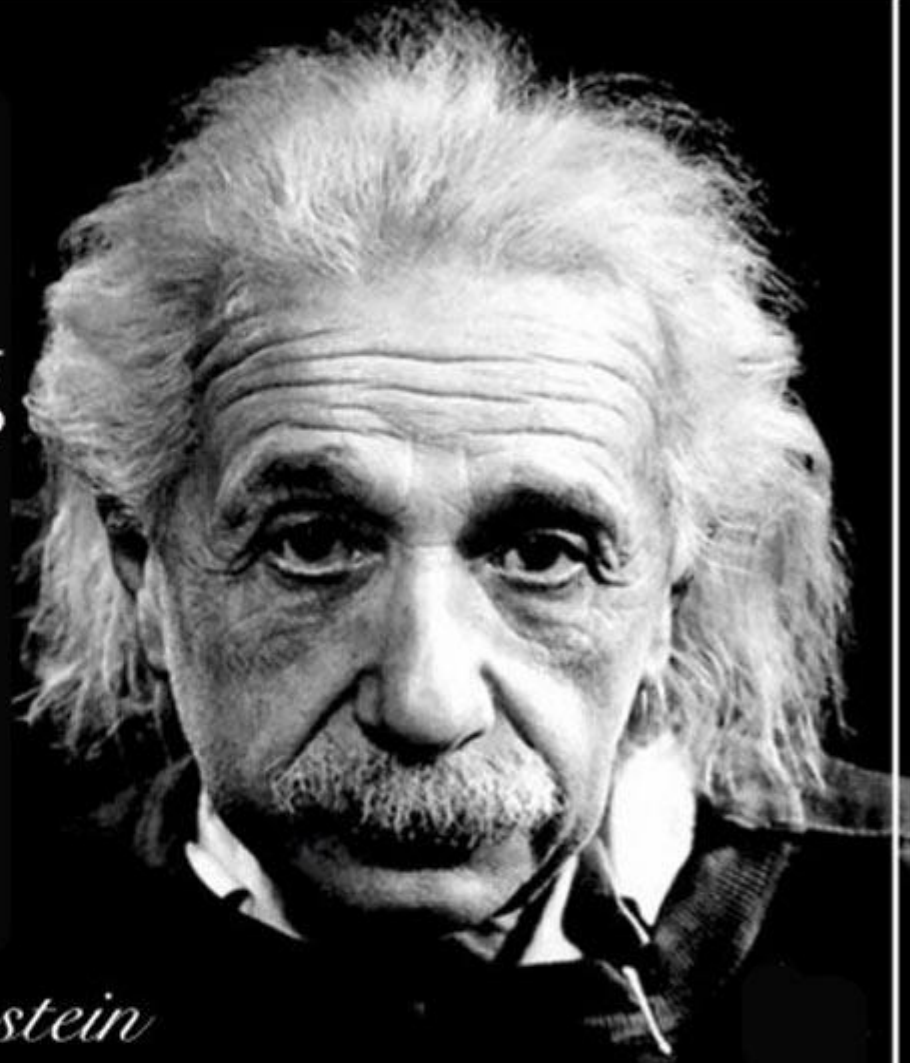
Discharge and Follow up Instructions Continue the patient on with Antibiotics, and follow up the patient cond

باجازة لمؤنلاية أسابع من تاريخ الخروج حيث سيتم الحد، وتُخف نسبة السوائل في الرئة...

Lesson

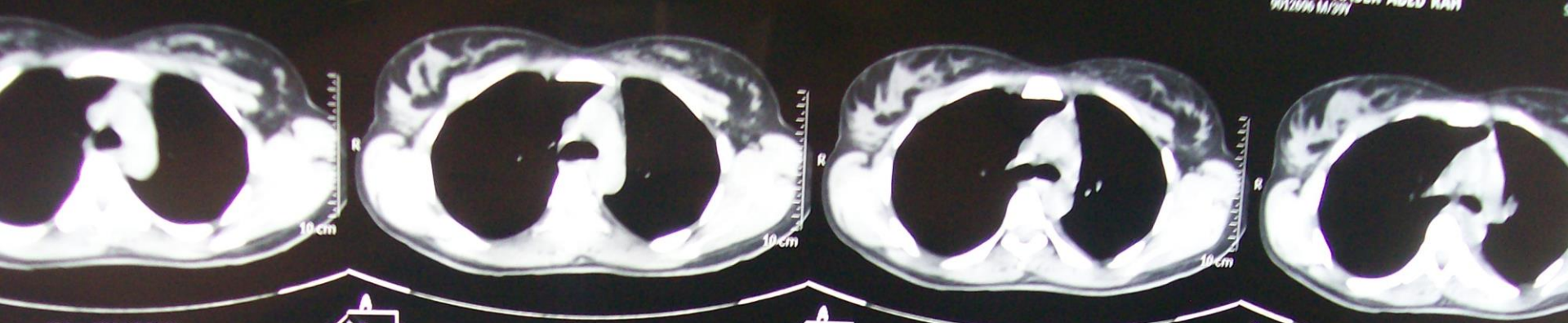
Insanity:
doing the same thing
over and over again
and expecting
different results.

- Albert Einstein



Longing

- As she was really tired, her husband brought her to me
- After reviewing her case, I requested CT scan

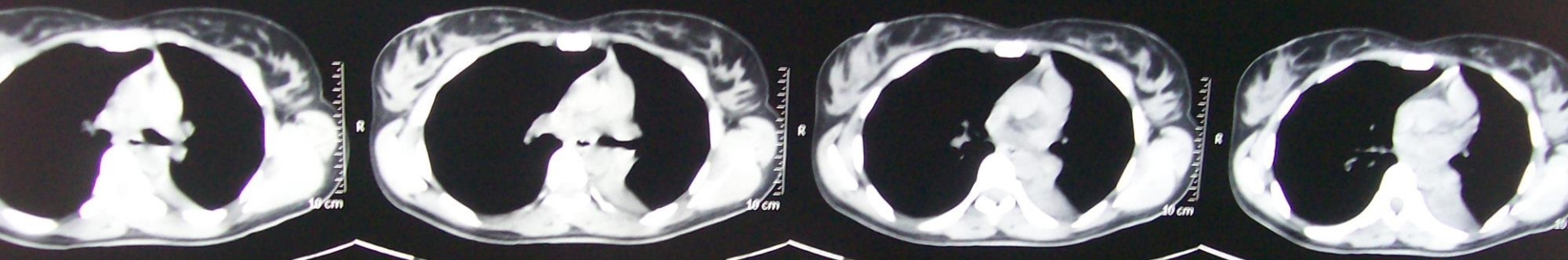


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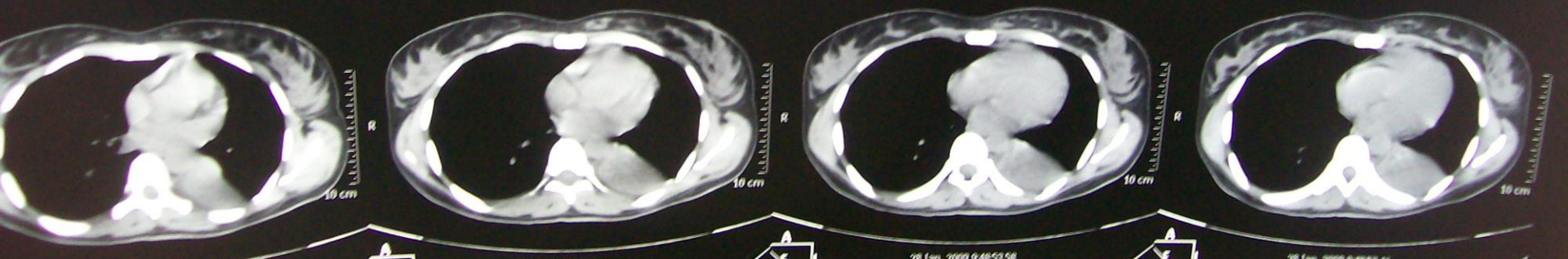


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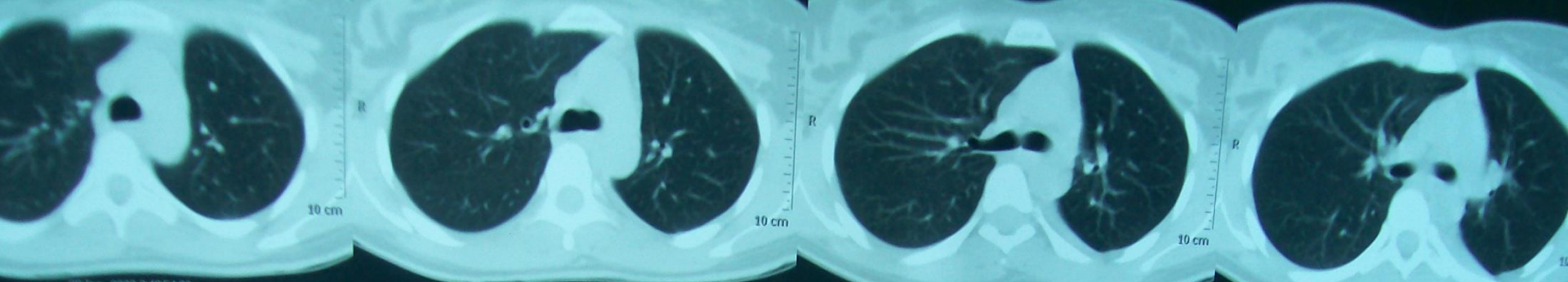


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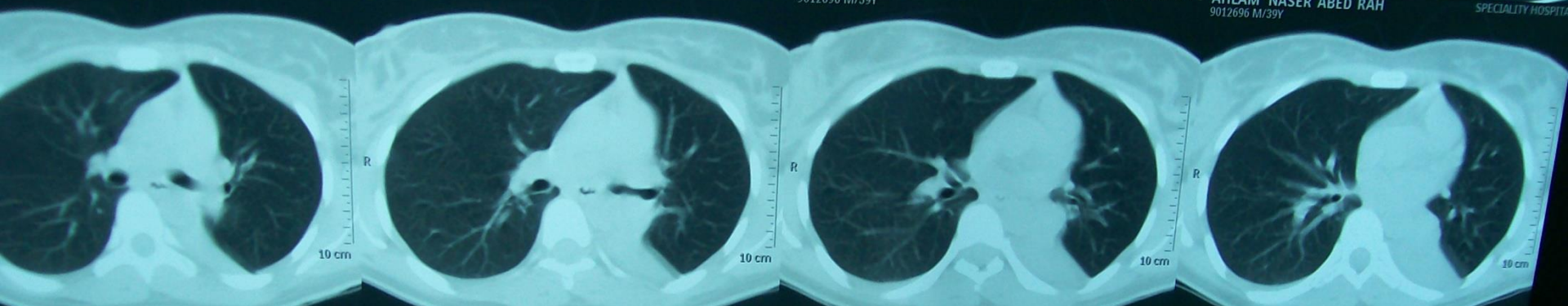
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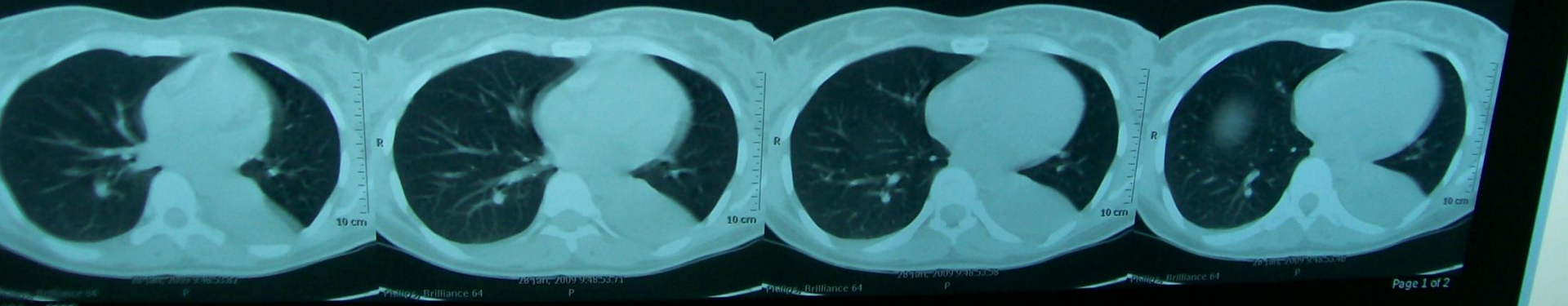
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Chest CT

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Multiple contiguous axial slices without contrast enhancement, coronal and sagittal reconstruction were obtained.

Evidence of consolidation with loss of volume is seen involving most of the of the LLL, in keeping with pneumonia in view of clinical history. Minimal shifting of the mediastinum to the Lt side is noted. Mild Lt pleural effusion is seen. The rest of the lungs are clear. No definite hilar or mediastinal adenopathy is visible.

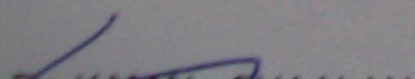
No gross masses. However, this is a limited non-enhanced study

Conclusion:

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- Consolidation in the the LLL with loss of volume and minimal Lt pleural effusion.
- No gross adenopathy or masses.

Dr.Mustafa Al-Sabbagh



Longing

- So I took her for bronchoscopy



Longing

- Bronchoscopy was amazing
- Let's see

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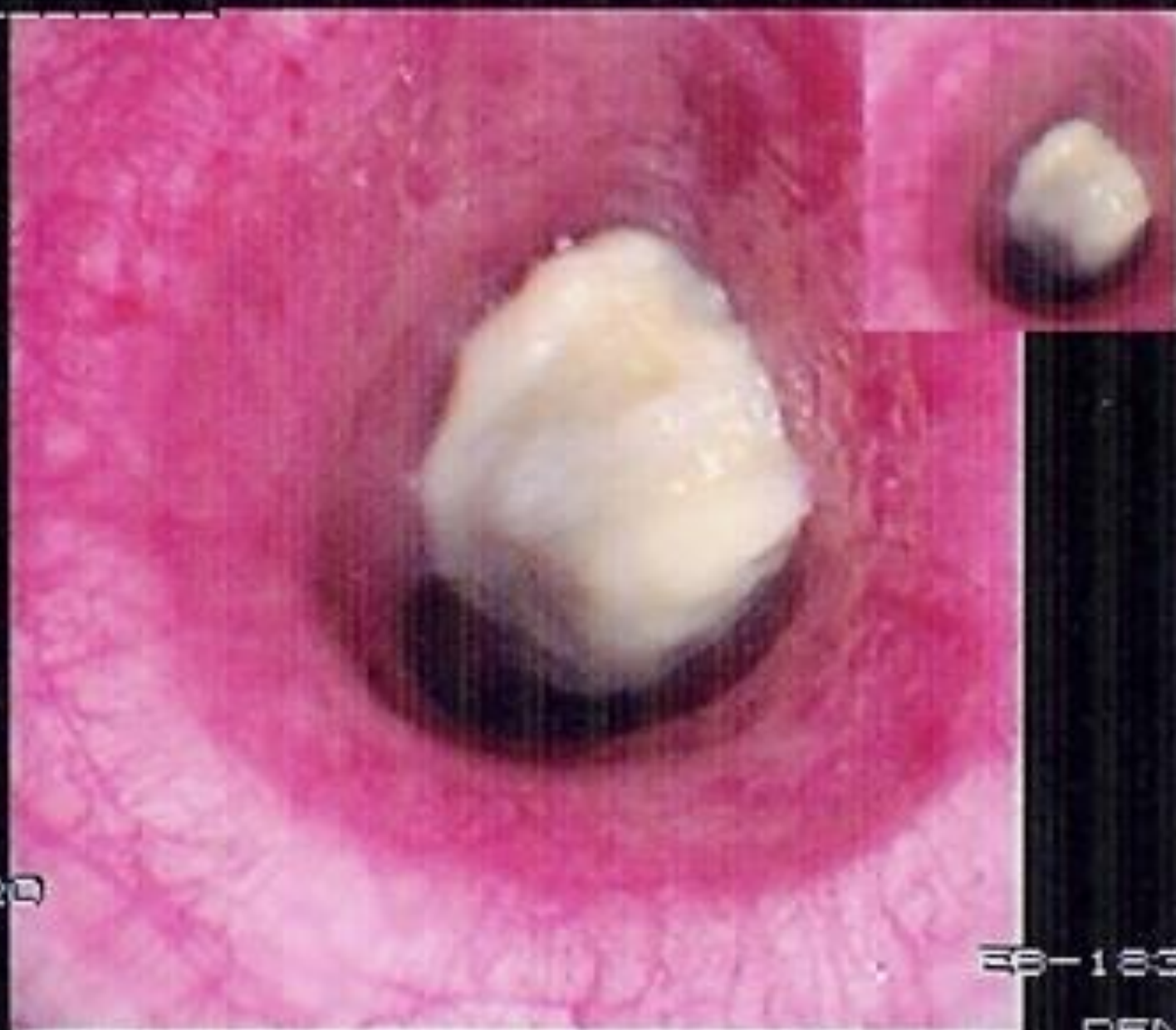


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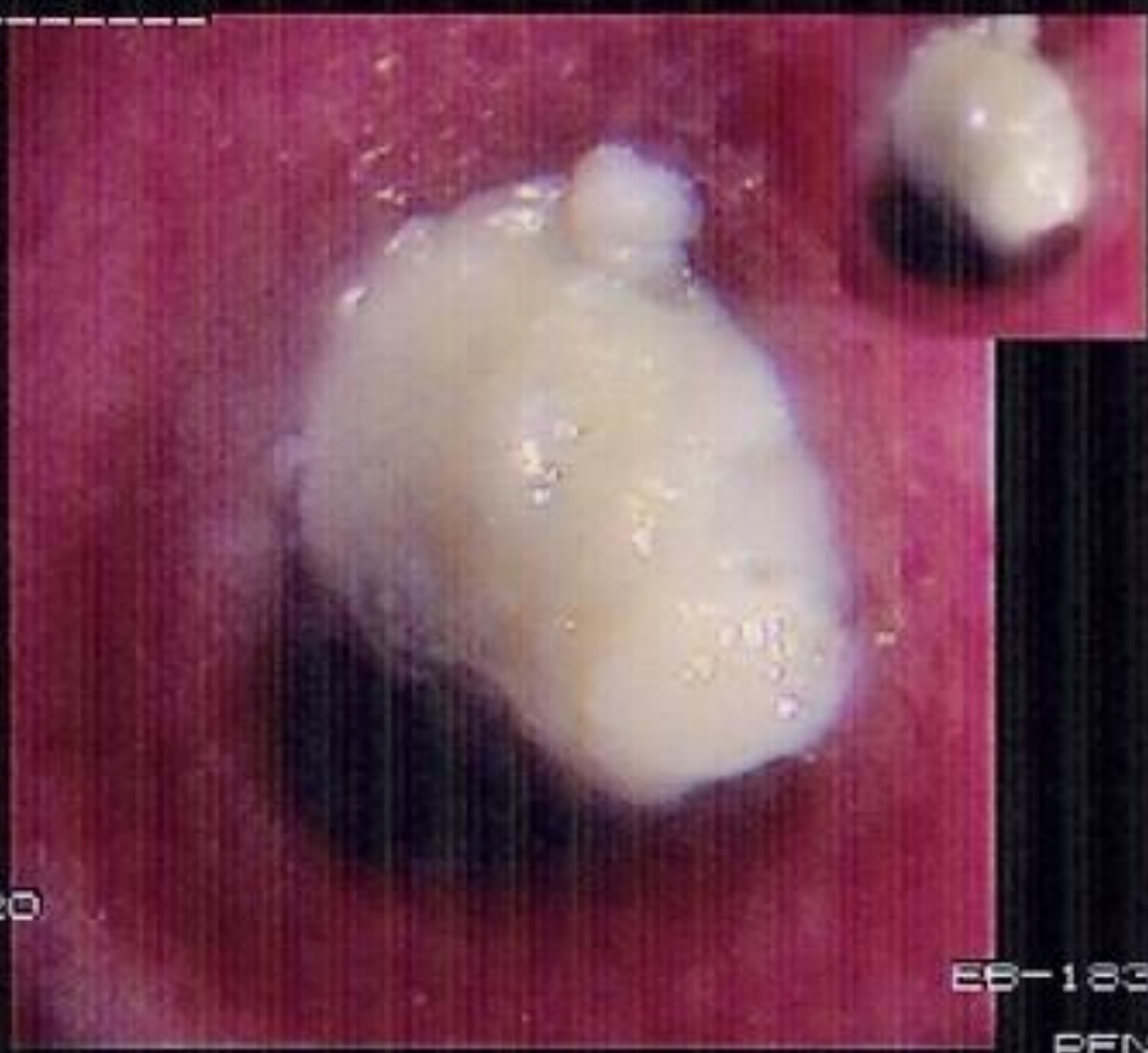
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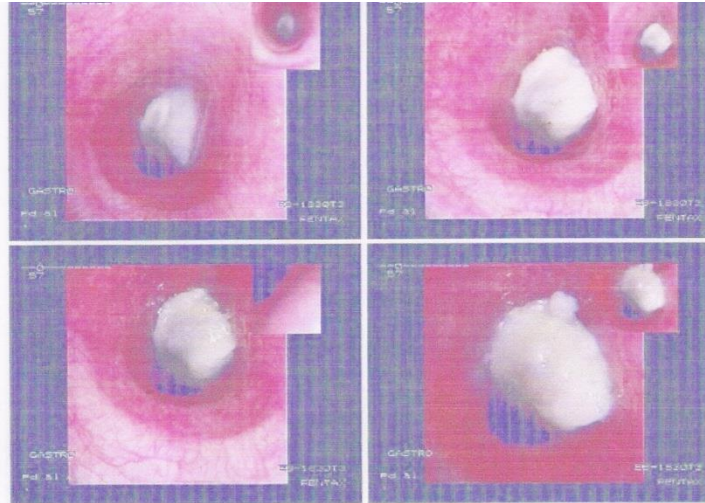
PENTAX

Longing

- The biopsy proved really not easy
- The tips of biopsy forceps were “glued”
- I managed to take few small pieces

Bronchoscopy

Dr AR Anani
Consultant Pulmonary



Vocal Cords, trachea, main carina, R lung: all normal.

The left lower lobe was almost totally blocked by very thick doughy material few cm in depth.

This is most likely aspirated food like rice but a thick necrotic tissue overlying a tumor cannot be ruled out.

Referred to thoracic surgeon.

Dr AR Anani
Consultant Pulmonary



Longing

- Biopsy report

Path. No.: 09-2-87

Origin of tissue:

Clinical history:

Clinical diagnosis:

Gross description: Specimen received fixed & labeled with patient's name consist of
Two tiny soft tissue fragments.

Microscopic description:

Sections show metaplastic stratified squamous epithelium with adjacent
fibria, mixed inflammation mainly acute inflammatory cells with necrosis &
keratin flakes.

No malignancy.

Diagnosis:

- Suggestive of reaction to foreign body.

Longing

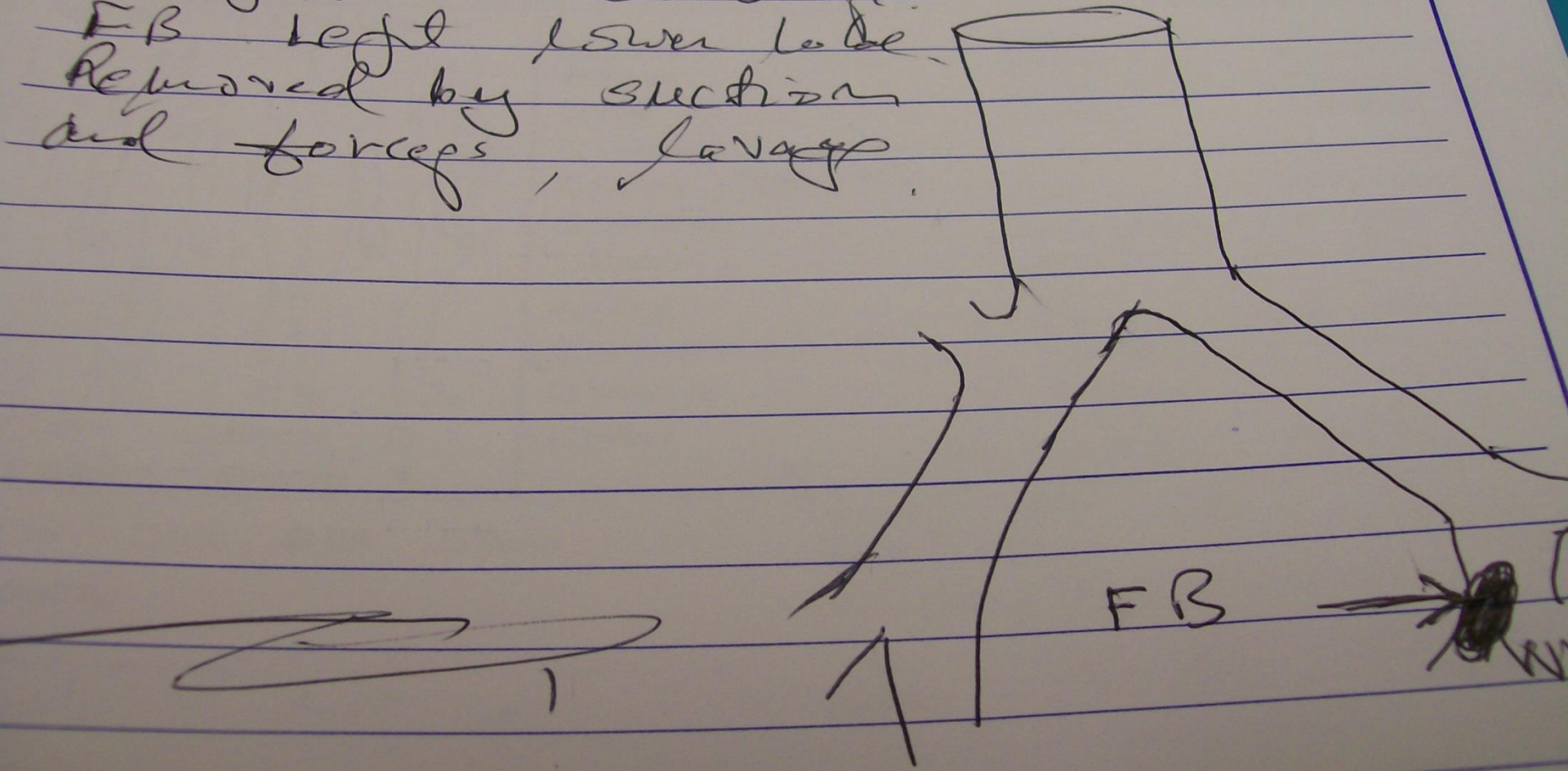
- I called thoracic surgeon for help
- We carried out rigid bronchoscopy
- We managed to remove all the material from LLL
- No other pathology like tumour

Pre operative diagnosis : _____

Post operative diagnosis : _____

Procedure perform Finding during surgery : _____

Rigid bronchoscopy
FB left lower lobe
Removed by suction
and forceps, lavage.



Longing

- No one had a clue what that material was
- I collected the material and sent it to



الجمعية العلمية الملكية

Royal Scientific Society

Longing

- They called me and informed me

RICE

Longing

- I went back to patient, who was now symptom free, and asked her about choking with rice

Longing

- I had longing for raw rice
- I choked with it frequently

Longing

- Happy ending: she was back to work and happy

The Metallic Lady



The Metallic Lady

- A 48 year old lady, non-smoker, and had trouble with seasonal allergies from time to time.
- Twice had chest x rays and were normal
- Otherwise, she always enjoyed good health.

The Metallic Lady

- One week ago, she developed severe cough and purulent sputum.
- She tested herself for COVID-19, which was negative.
- She treated herself with antibiotics and usual medications.

The Metallic Lady

- As she had gotten worse, she visited A&E.
- She had a chest x-ray, which revealed a total surprise.

The Metallic Lady

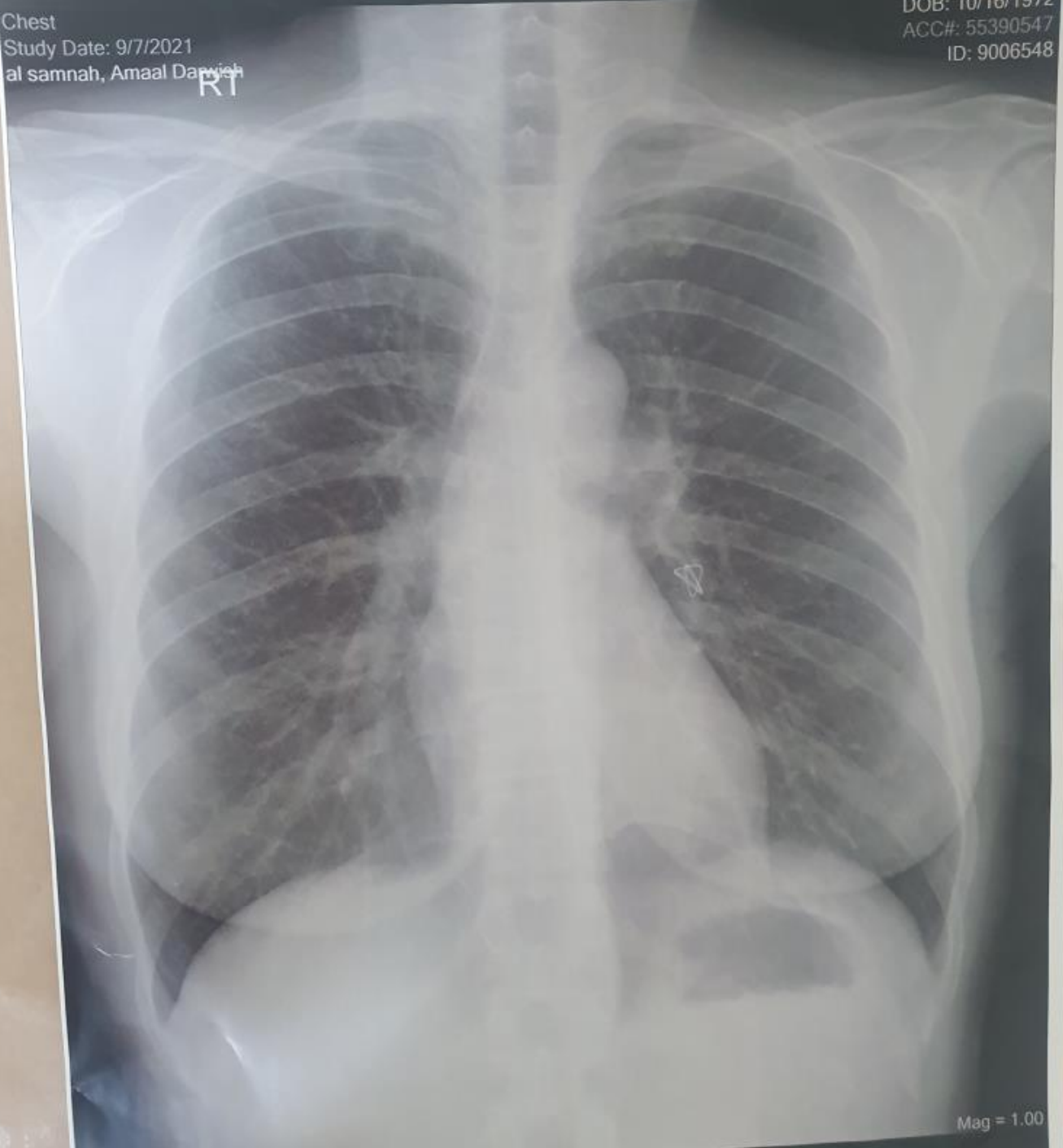
- A foreign body was suspected.
- She had repeat x-rays to confirm the findings with clothes off. All radiologists at the Specialty Hospital confirmed that she had a metallic foreign body.
- She was referred to me.

The Metallic Lady

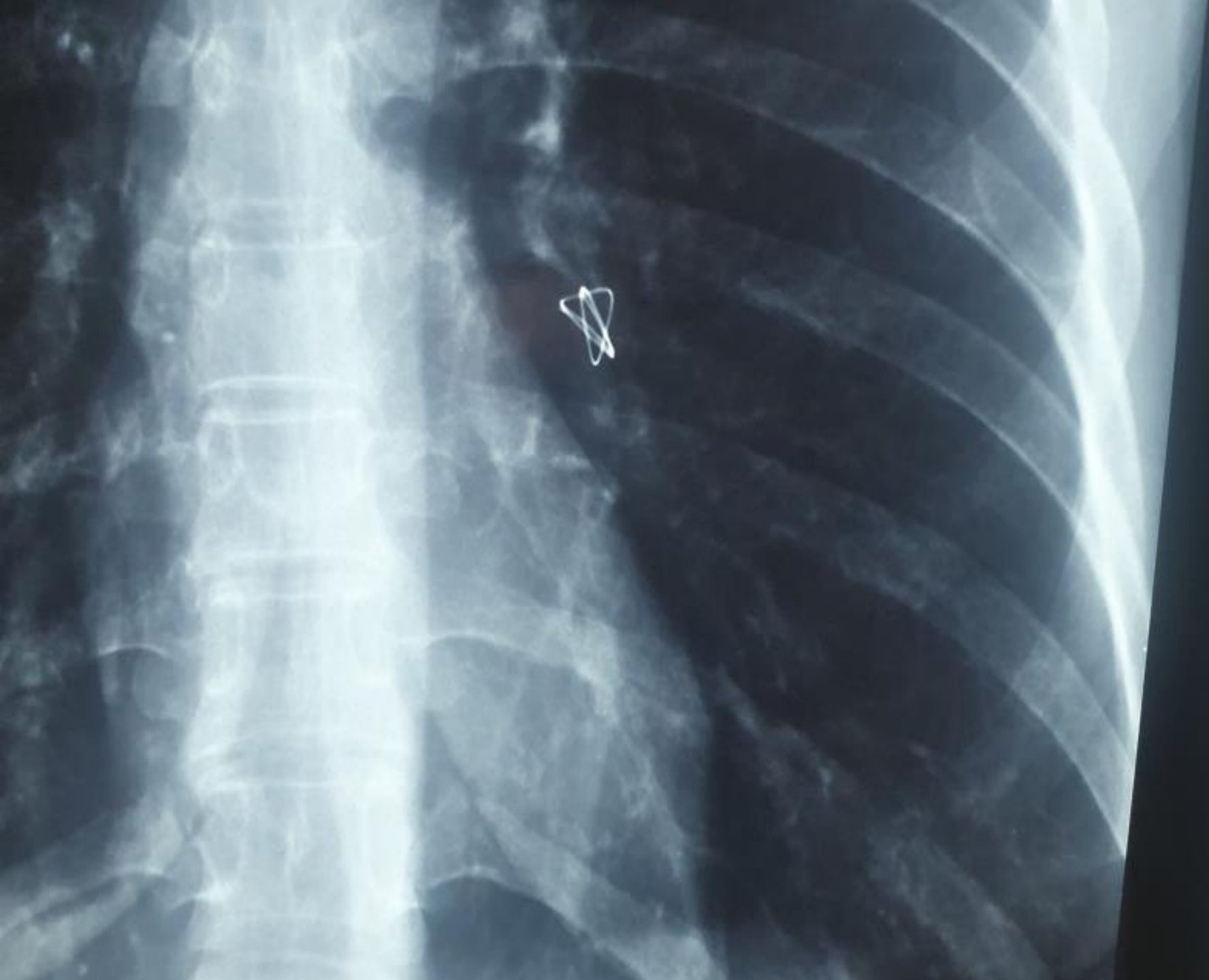
- Let us look at the x-rays.

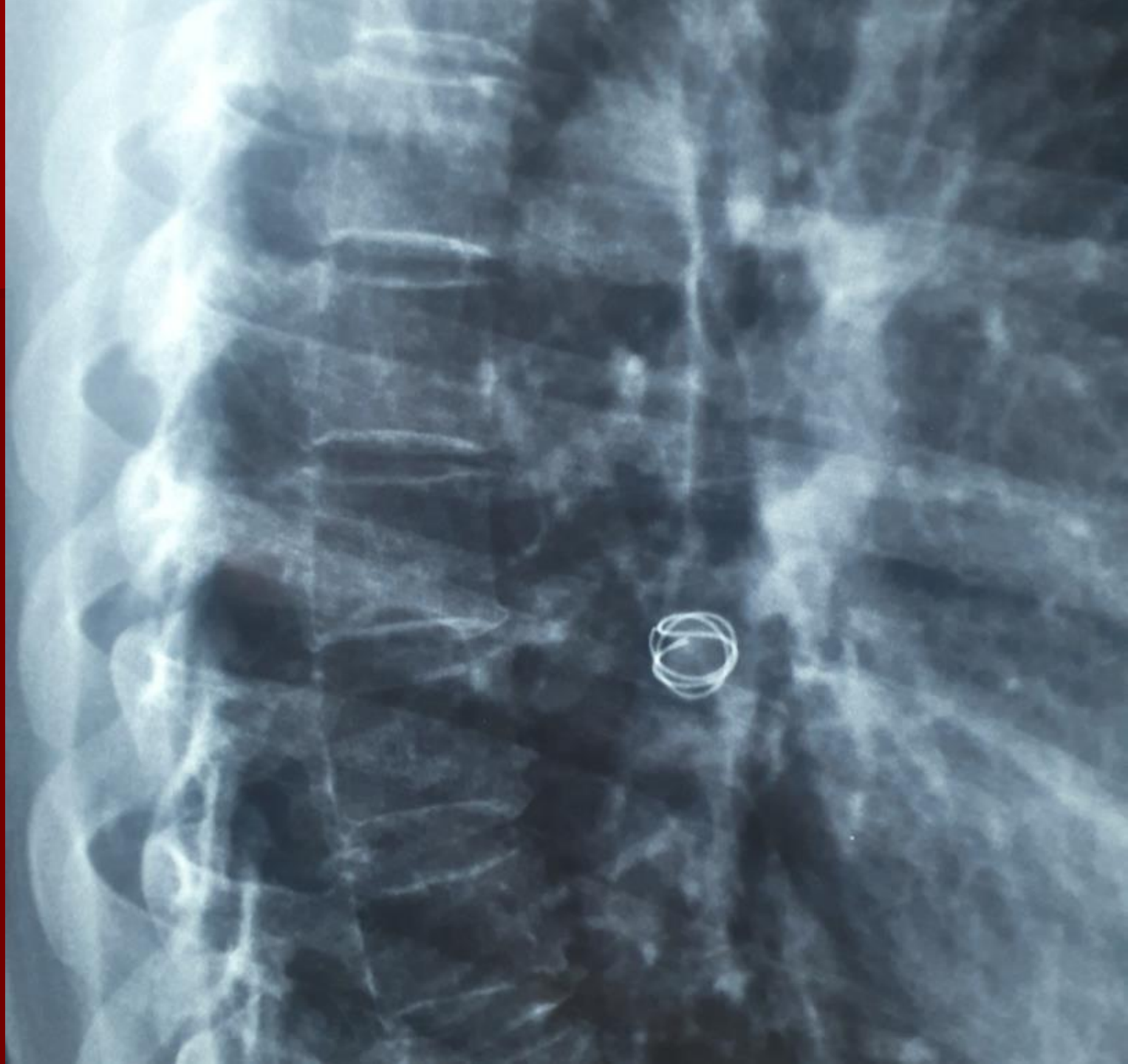
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The Metallic Lady

- The patient denies any history of foreign body inhalation.
- She cried “ I did Not choke”

The Metallic Lady

- Definitely, she had a foreign body.
- I took her for bronchoscopy, which was entirely normal.

The Metallic Lady

- The patient is not happy and she is very anxious.
- I referred her to thoracic surgeon

The Metallic Lady

- A very skilled thoracic surgeon, was consulted
- He did not trust my normal bronchoscopy
- “I think this time you missed it”

The Metallic Lady

- He repeated it
- To his embarrassment he called me
- “I searched all corners and found nothing”

The Metallic Lady

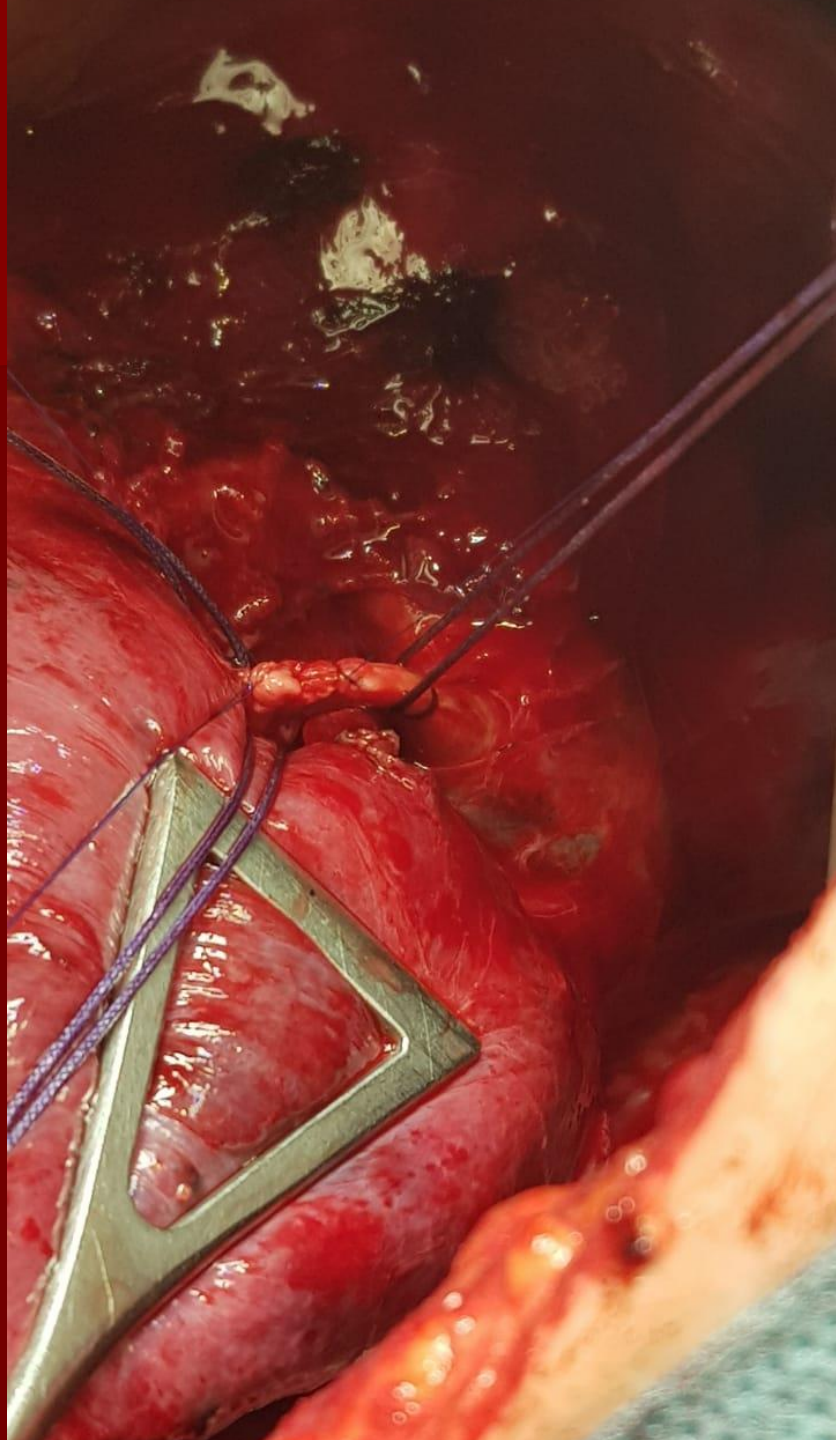
- As she continued to have chest pain and plenty of sputum, she demanded a definite solution.
- We agreed with surgeon to have thoracotomy.

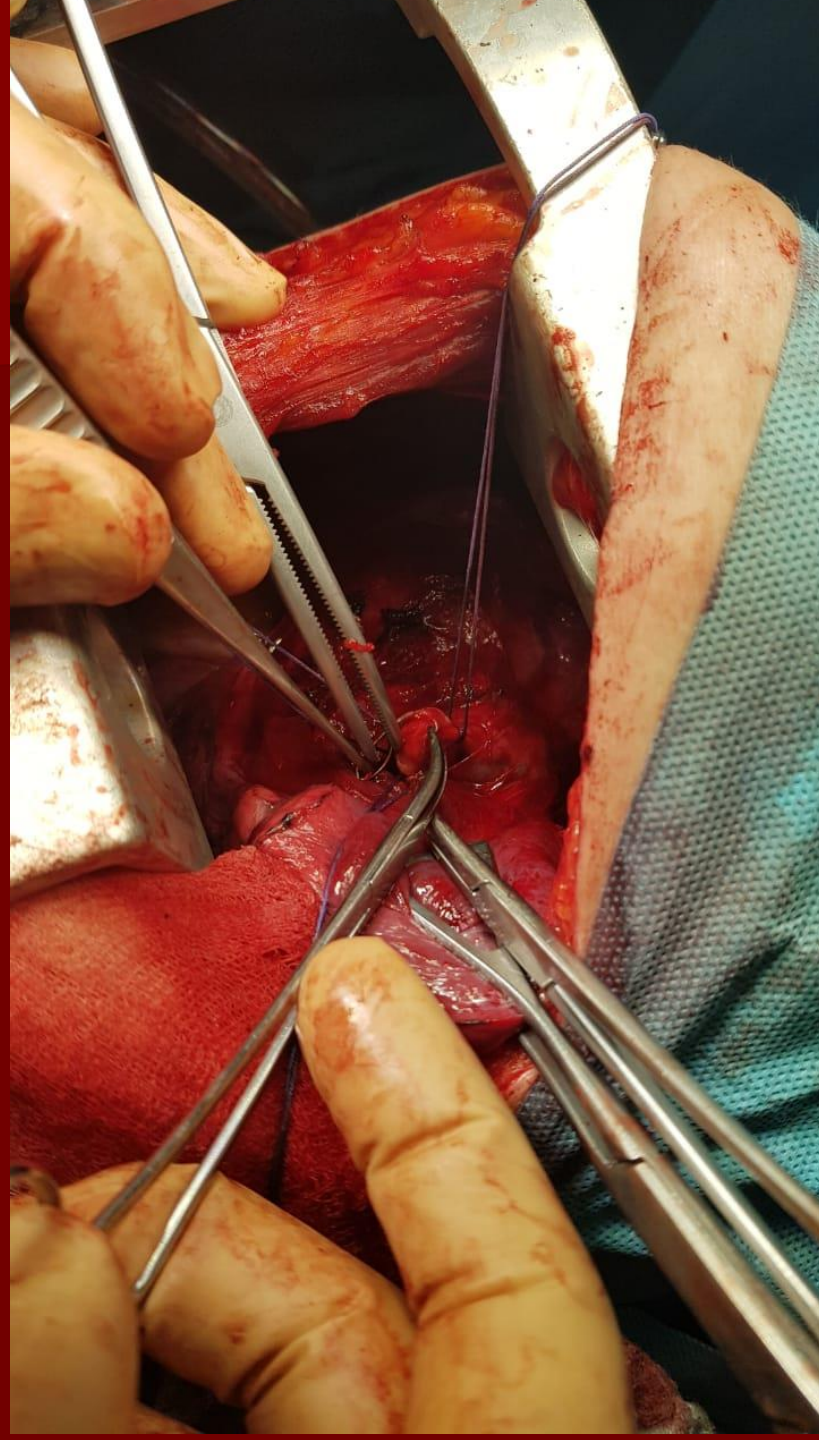
The Metallic Lady

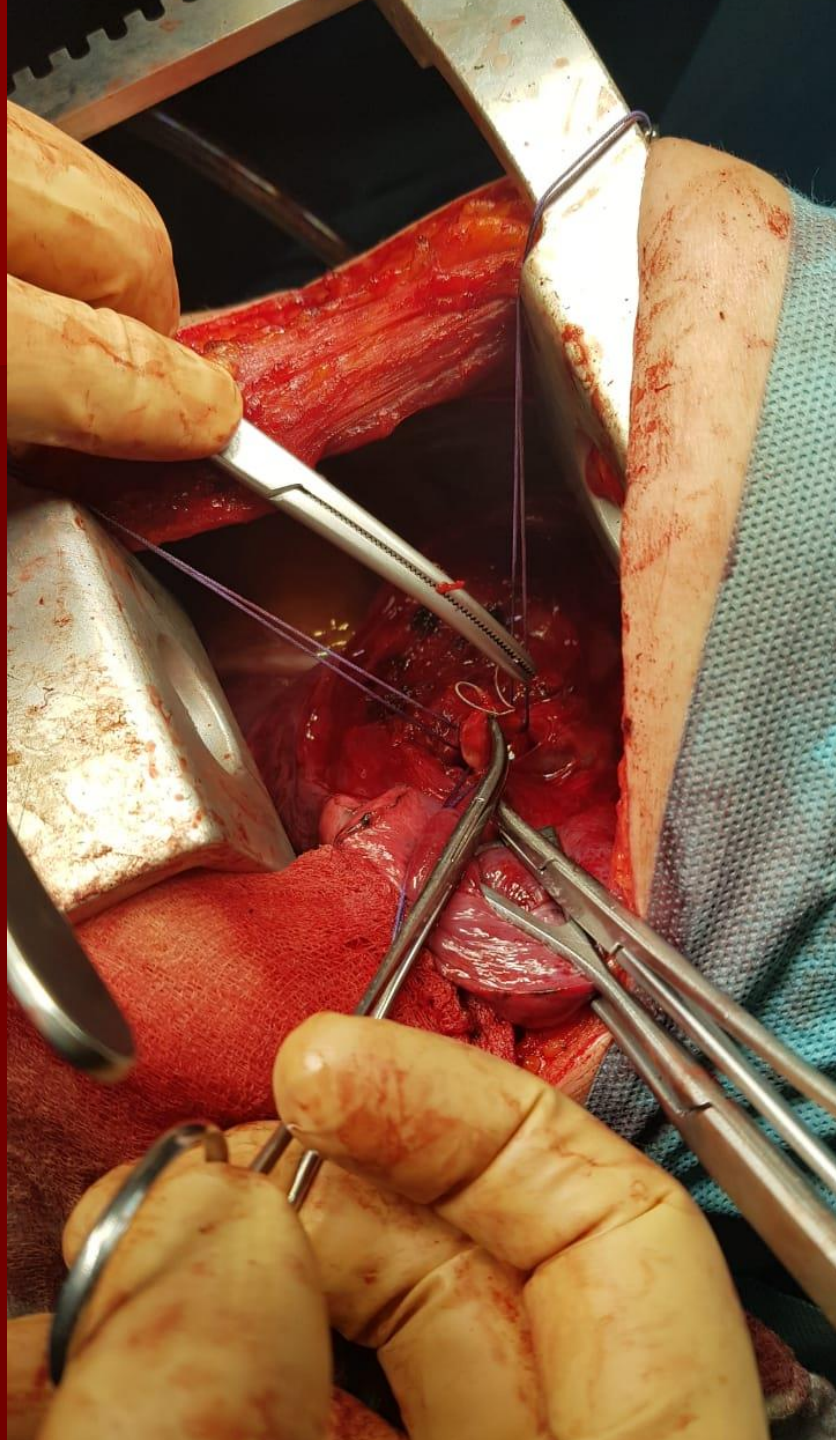
- Careful inspection at thoracotomy revealed a metallic object in a pulmonary artery. With proper maneuvering, the metallic object was located and removed.
- It had already started to penetrate the adjacent left lower lobe bronchus.

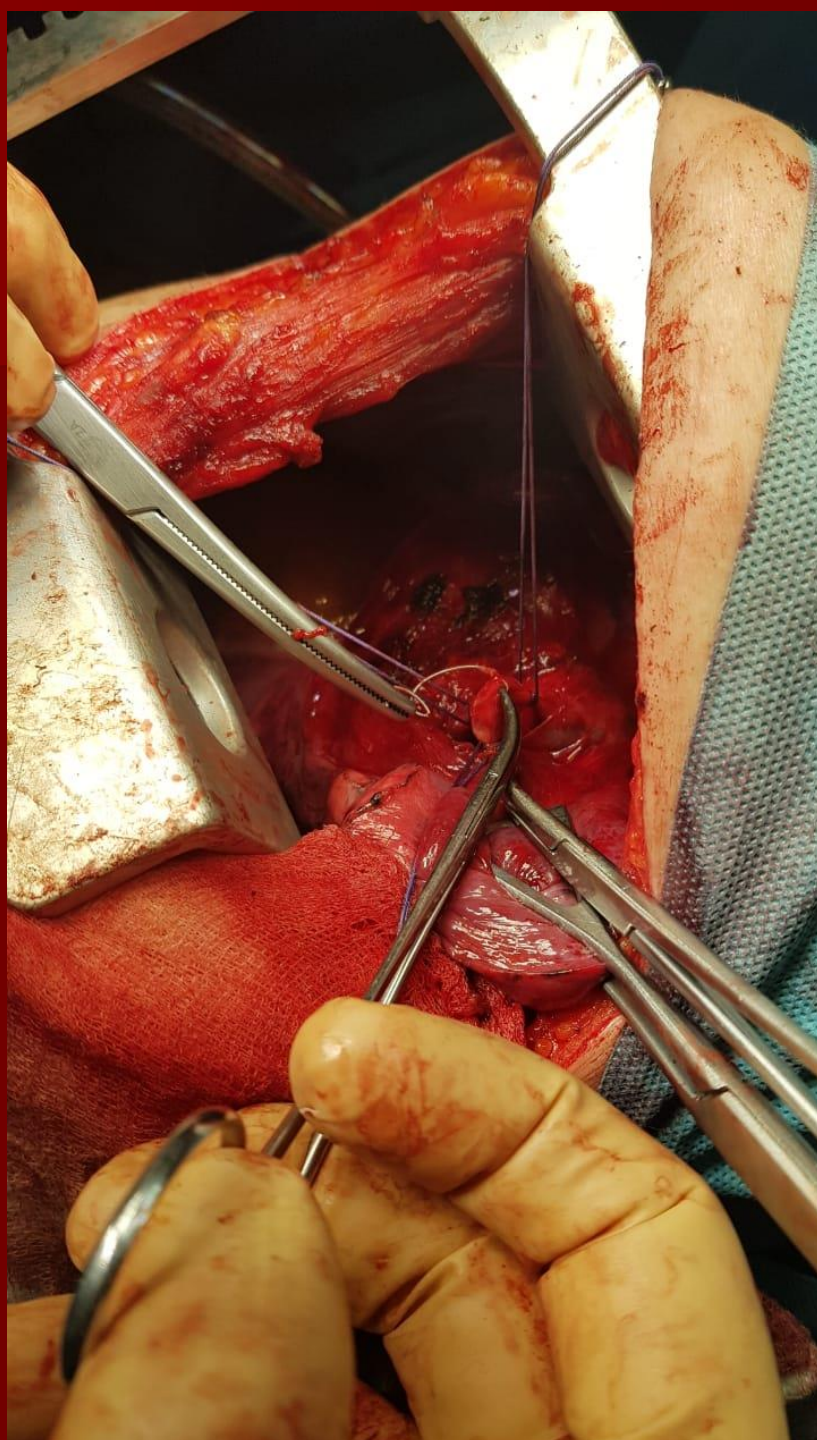
The Metallic Lady

- Let's see some operative photos











The Metallic Lady

- Post operative course was excellent





The Metallic Lady

- Let us look at this metallic object:







The Metallic Lady

- Now, you see this object
- Remember, did you choke with it?





The Metallic Lady

- The metallic object was identified by theatre nurse as a surgical wire used by vascular surgeons.
- Investigation with the lady about past medical history proved negative.

The Metallic Lady

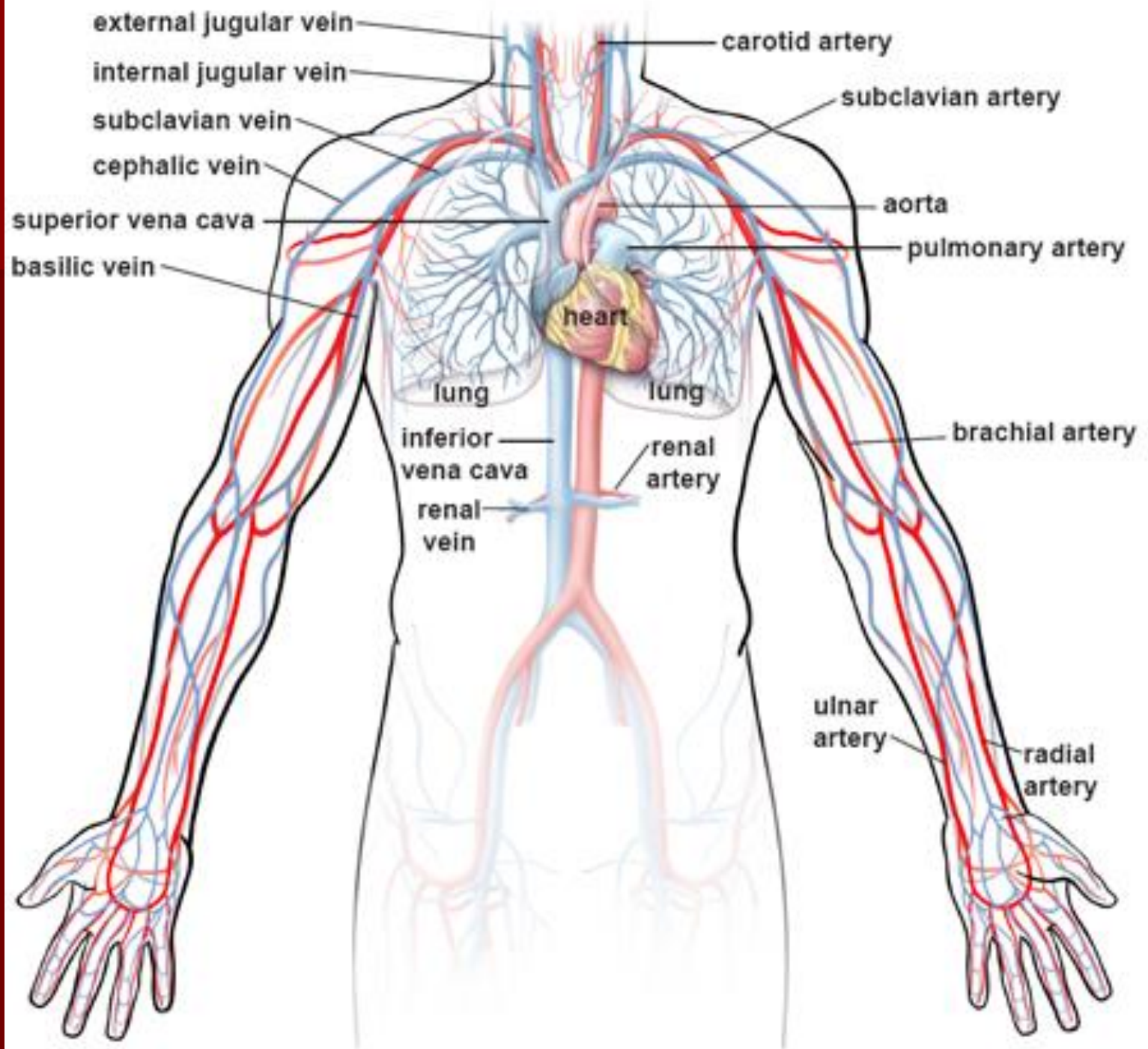
- Interrogating the husband, he remembered that eight years ago, she had pelvic surgery.
- She had pain in her legs, attributed to varicose veins in the uterus.
- She underwent surgery whereby those varicose veins were clamped by wires.

The Metallic Lady

- The vascular surgeon confirmed he used similar wires

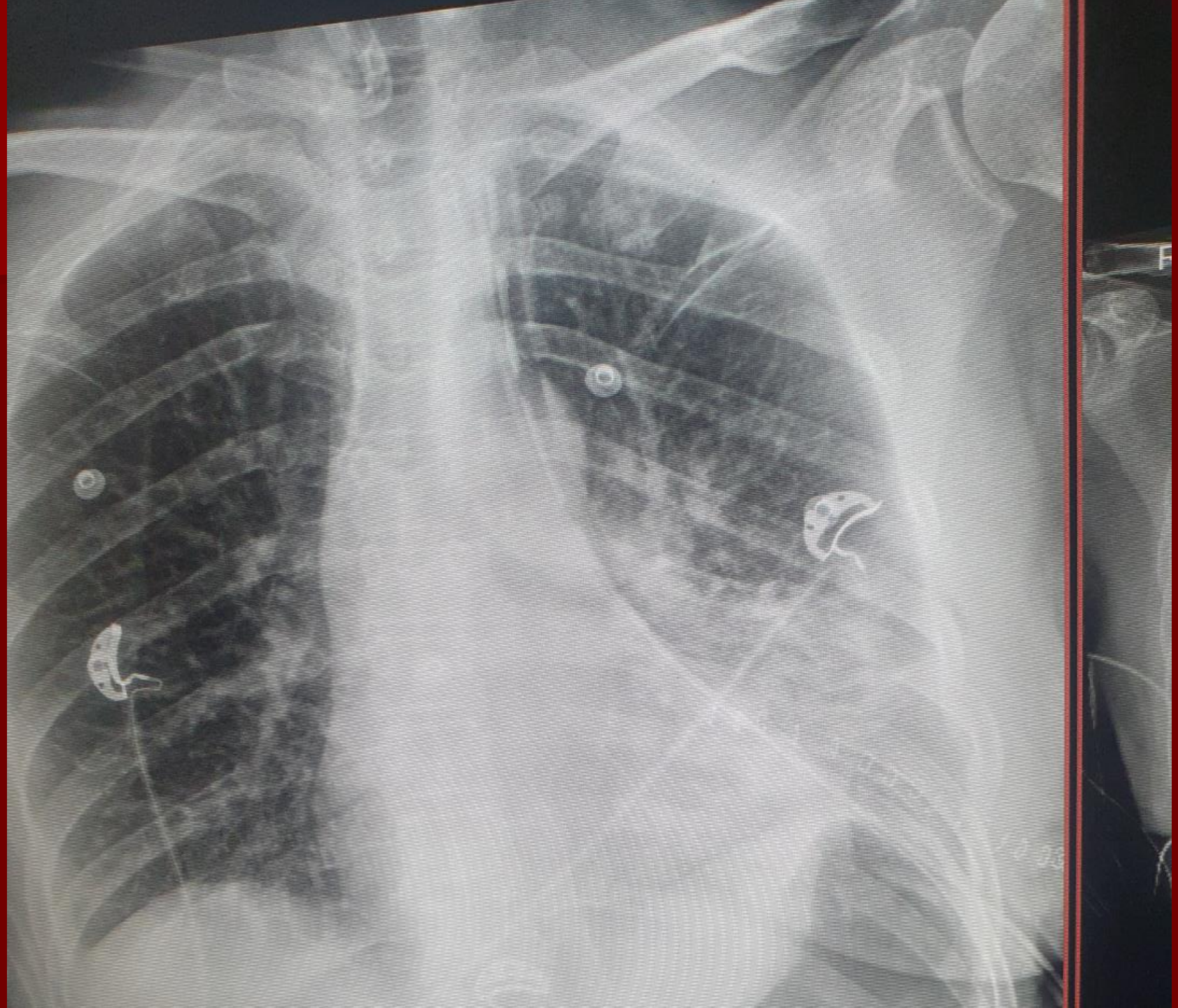
The Metallic Lady

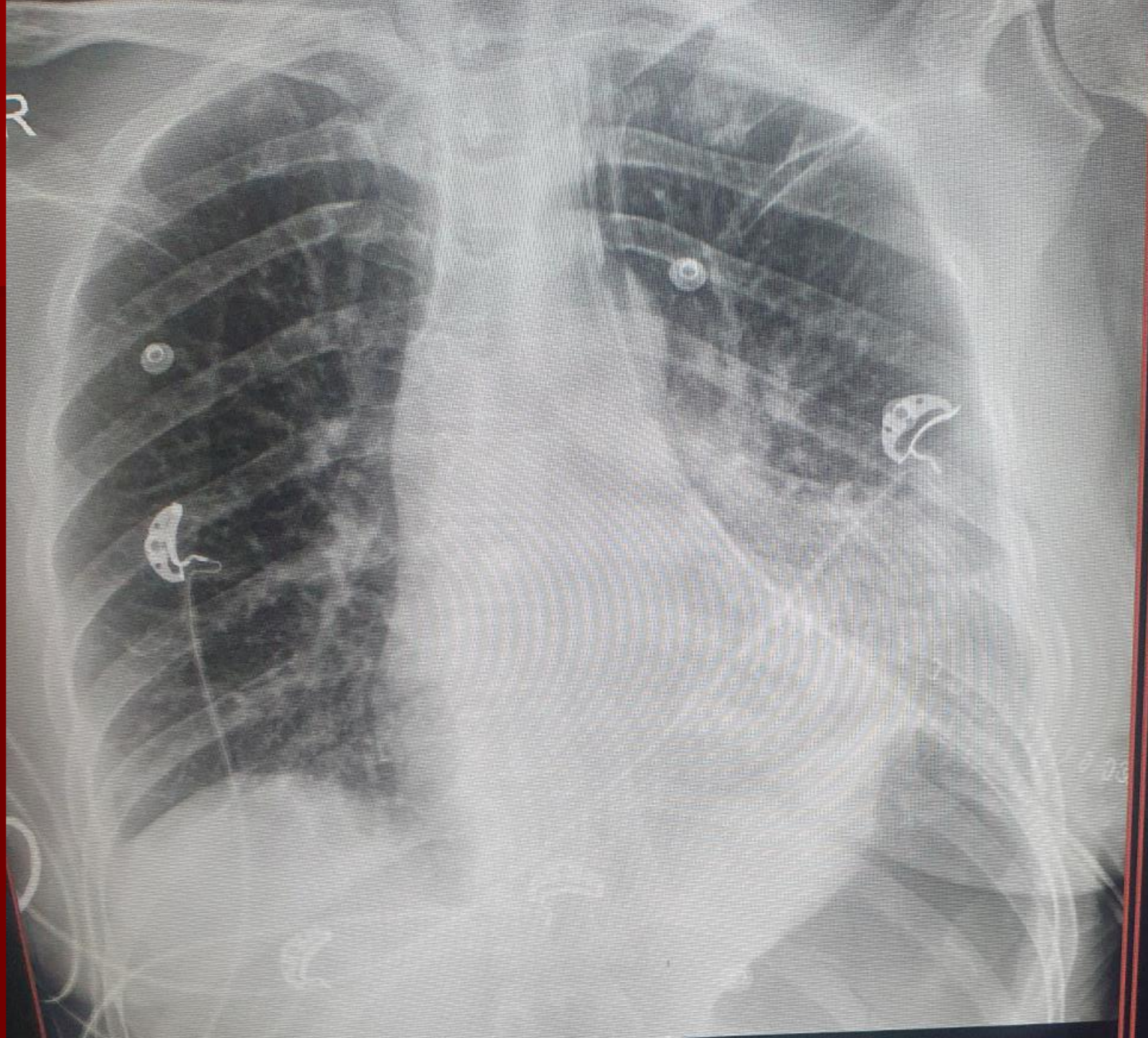
- We concluded that the wire penetrated through and went with circulation to the heart, then to the lungs, where it started to cause trouble.



The Metallic Lady

- These are her x-rays post-operation, which are wireless, with evidence of lung contusion on the left side.





The Metallic Lady

- Now she is totally symptom free except for pain in the wound







ARS

- Troubled with eczema as a baby
- Early school years: eczema resolved but trouble with rhinitis started
- Aged 12: 2 nasal polyp operations

ARS

- At age 14 he started to have recurrent skin infections like boils and cellulitis
- In addition he had difficult asthma symptoms
- His nose became big with widening of the base and bridge
- He had also pneumonia requiring hospital admission

Hct.	42 %
RBC	$5.6 \times 10^6/\mu\text{L}$
WBC	$4.2 \times 10^3/\mu\text{L}$
MCV	74 fL
MCH	25 pg
MCHC	34 g/dL
Platelets	$176 \times 10^3/\mu\text{L}$
Neutrophils	44 %
Lymphocytes	35 %
Monocytes	6 %
Eosinophils	15 %
Erythrocyte Sedimentation Rate (ESR)	5 mm/1 hr







ARS : University Years

- Continued to have rhinitis and asthma
- Frequently had skin and chest infections requiring prolonged courses of antibiotics

ARS : Working Man

- He came to see me for better asthma control
- Examination was remarkable









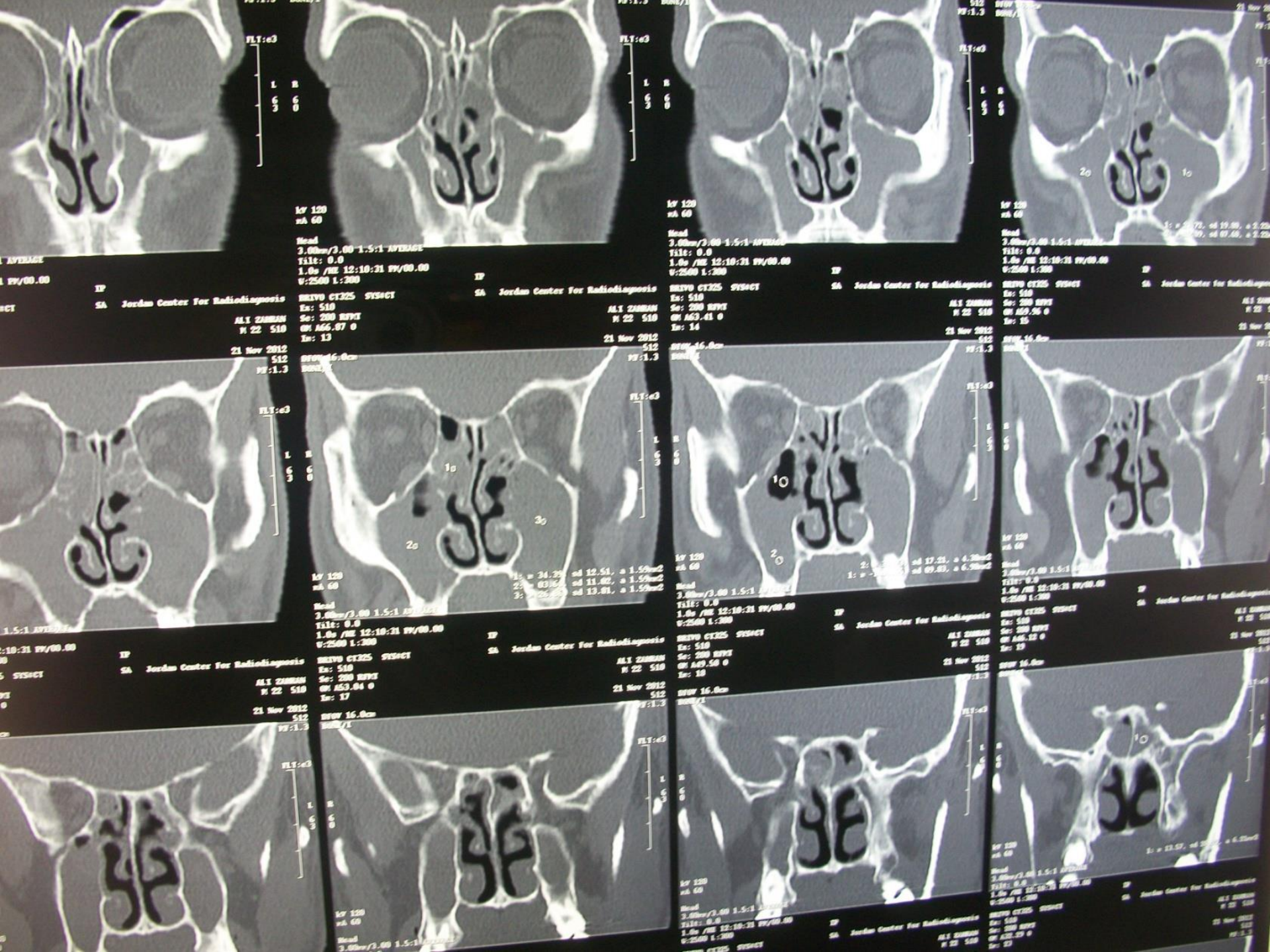












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ARS : Sudden Deterioration

- Admitted to hospital with severe cough and shortness of breath
- No fever
- Signs of consolidation R base and wheezy

Investigations



Haemoglobin	: 144	g/L	<u>Reference limit</u>
Haematocrit	: 41.9	%	138 - 170
RBC	: 5.61	$\times 10^{12}/L$	42.0 - 49.0
MCV	: 74.7	fL	4.7 - 6.1
MCH	: 25.7	pg	80.0 - 99.0
MCHC	: 34.4	g/dL	27.0 - 32.0
RDW	: 16.3	%	32.0 - 36.0

Platelets	: 164	$\times 10^9/L$	150 - 450
MPV	: 10.6	fL	7.2 - 11.7
WBC	: 18.370	$\times 10^9/L$	4.0 - 11.0

Differential				<u>Reference limit</u>
Neutrophils	: 19	%	3.490 $\times 10^9/L$	1.800 - 7.500
Lymphocytes	: 9	%	1.653 $\times 10^9/L$	1.200 - 4.000
Monocytes	: 4	%	0.735 $\times 10^9/L$	0.200 - 1.000
Eosinophils	: 63	%	11.573 $\times 10^9/L$	0.040 - 0.500
Basophils	:	%	$\times 10^9/L$	0.015 - 0.100
Other	: 5	%	0.919 $\times 10^9/L$	0.000 - 0.000

RDW	:	16.8	%
Platelets	:	164	$\times 10^9/L$
MPV	:	10.6	fL
WBC	:	18.370	$\times 10^9/L$

Differential

					Ref
Neutrophils	:	19	%	3.490	$\times 10^9/L$ 1.80
Lymphocytes	:	9	%	1.653	$\times 10^9/L$ 1.20
Monocytes	:	4	%	0.735	$\times 10^9/L$ 0.200
Eosinophils	:	63	%	11.573	$\times 10^9/L$ 0.040
Basophils	:		%		$\times 10^9/L$ 0.015
Other	:	5	%	0.919	$\times 10^9/L$ 0.000

ARS

- The conclusion: Considering all the facts

Dr. Amid Abdelnour

Patient Relations Services Inquiries - tel: +962 6 5937376 - email: pra@...

Fax: +962 6 5...

Patient Name: [Redacted]
Patient No.: 01/0176053
Sample No.: BC13/0229496
Consultant: ABDEL RAHMAN ANANI

[Redacted]
Age: 29 Year(s)
Sex: Male
Sample Date/ Time: 24-Jan-2013 13:38 PM

IgE, Serum

66000.0 ng/mL 27500.0 IU/mL

Reference limit: Adults

Up to 240.0

Up to 100.0

Patient Name : [Redacted]

Patient No. : 01/0176053

Sample No. : BC13/0229880

Consultant :

[Redacted]

Sample Date/ Time : 26-Jan-2013 14:45 PM

IgE, Serum

67464.0 ng/mL

28110 IU/mL

Confirmed

Previous Result 24-Jan-2013 27500.0 IU/mL

Reference limit : Adults Up to 240.0

Up to 100.0



Hyper IgE Syndrome (HIES) : JOB (Job ,II,7)

So went **Satan** forth and smote Job with
sore boils from the sole of his foot unto
his crown

HIES : Facial Features

Patients **resemble each other** more than they resemble their family members

- Broad nasal base and bridge
- Frontal bossing
- Thickening of soft tissues of face, ear and nose "coarse faces"
- Two rows of teeth due to retaining of primary teeth

HIES : Manifestations

- Severe **Allergic** Manifestations
Eczema , Rhinitis , Asthma
- Recurrent Skin , Sinus and Pulmonary **infections**
- High **IgE** levels 100 folds of upper normal limit



SKATE
TEAM

STREET
SURFER
1987

Handwritten Arabic text on lined paper, including a list of names and a signature.

5 Year Messi

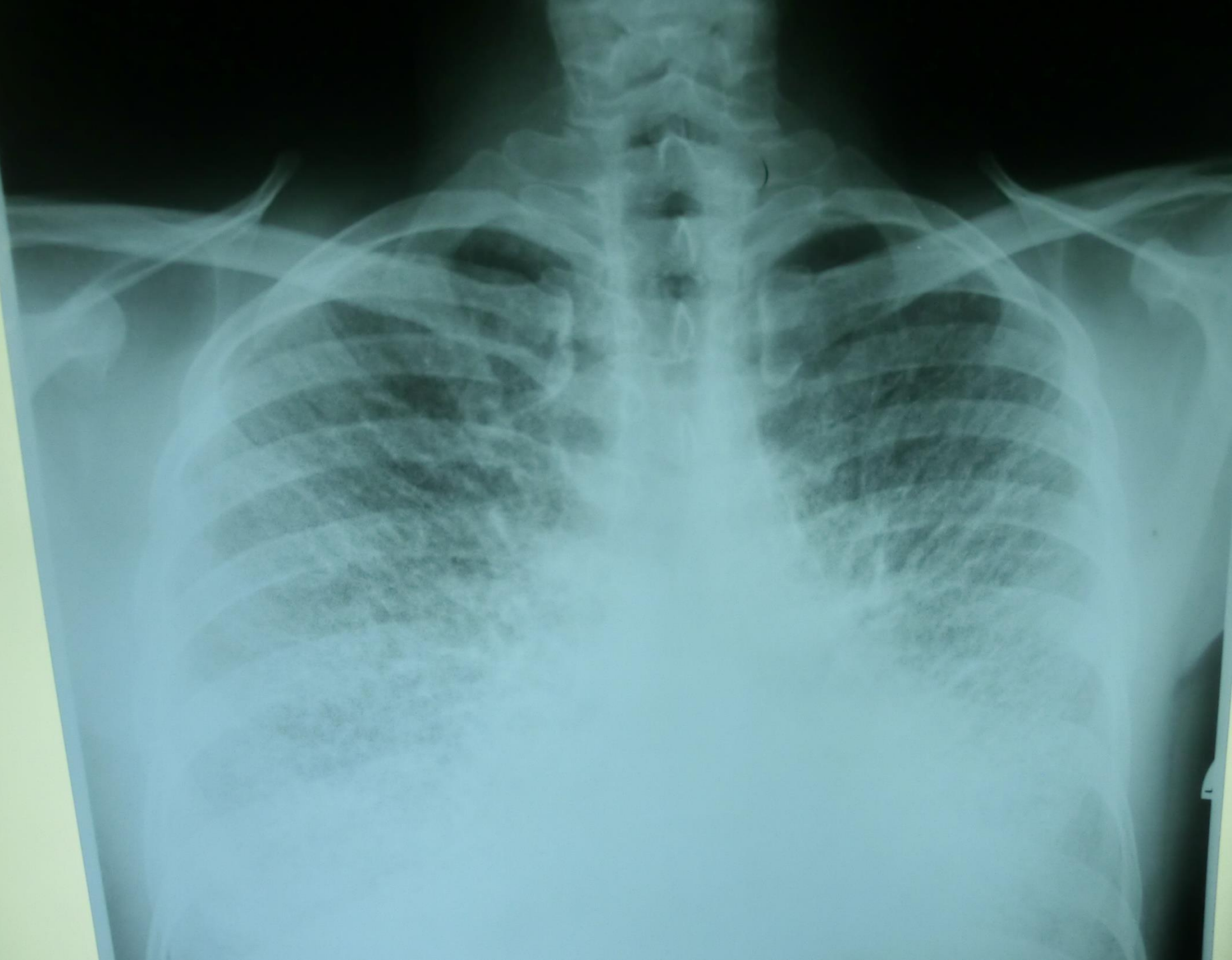
- Healthy boy who spends all time playing football
- Recently parents noticed excessive coughing during playing
- No fever , No wheeze , No night awakening
- Extremely well otherwise

5 Year Messi : GP consultation

- Exercise induced asthma diagnosis was made
- Treatment with inhaled steroid and montelukast was of no benefit
- Parents noticed that he frequently rested during games
- Otherwise , he was very well

5 Year Messi : Pediatric Pulmonologist

- Messi was banned from exercise and was miserable
- GP referred him to Chest X Ray
- Pediatrician admitted him to hospital



5 Year Messi : Inpatient

- A diagnosis of massive pneumonia was made !!!!!
- Cocktail of i.v antibiotics for a week and continued on oral for another week
- A chest x ray thereafter showed no change
- The pediatrician suggested treatment for TB and family not convinced



5 Year Messi In my Clinic

- Clinical / Radiological mismatch
- Q) What diagnosis ?

Asthma NO

Infection NO

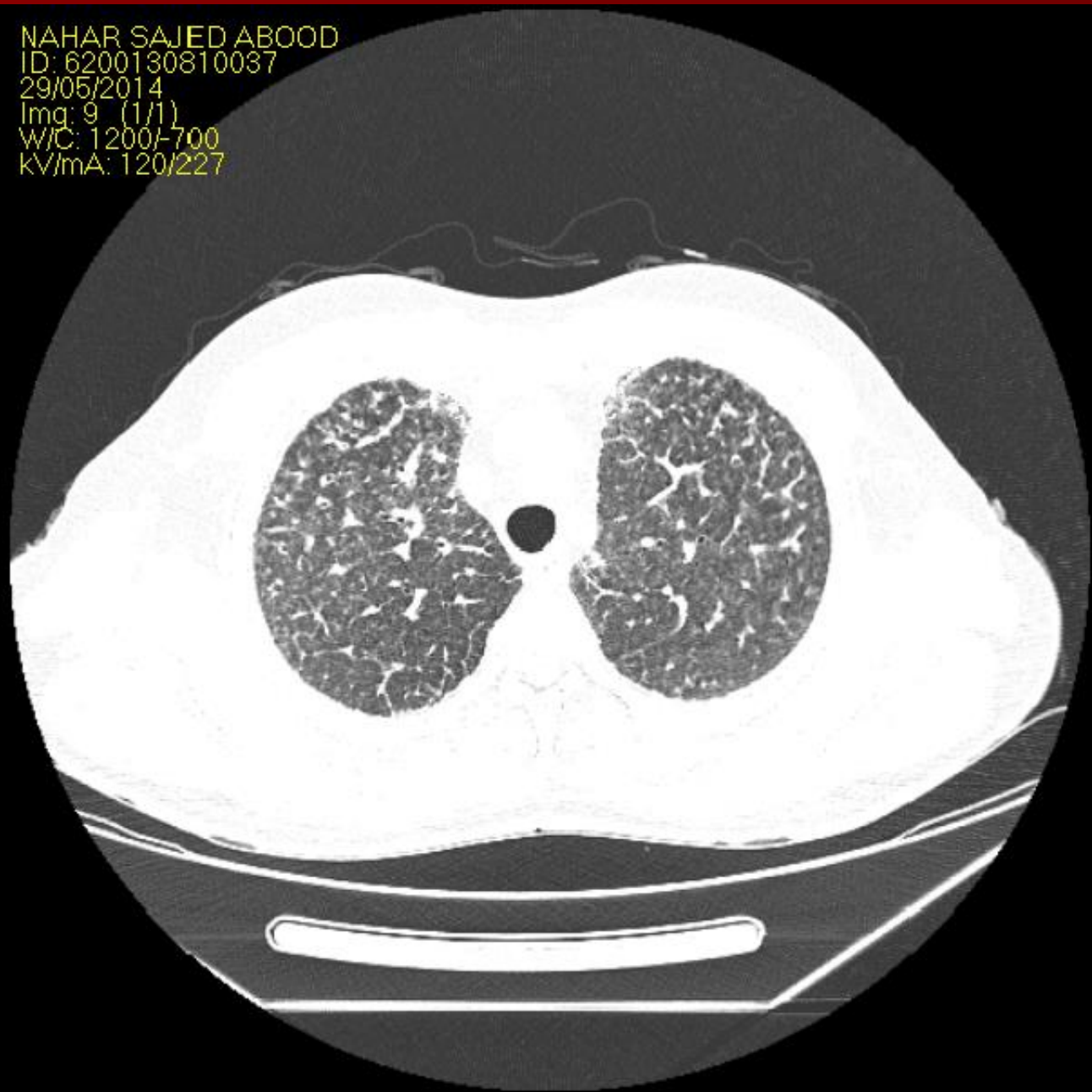
T B NO



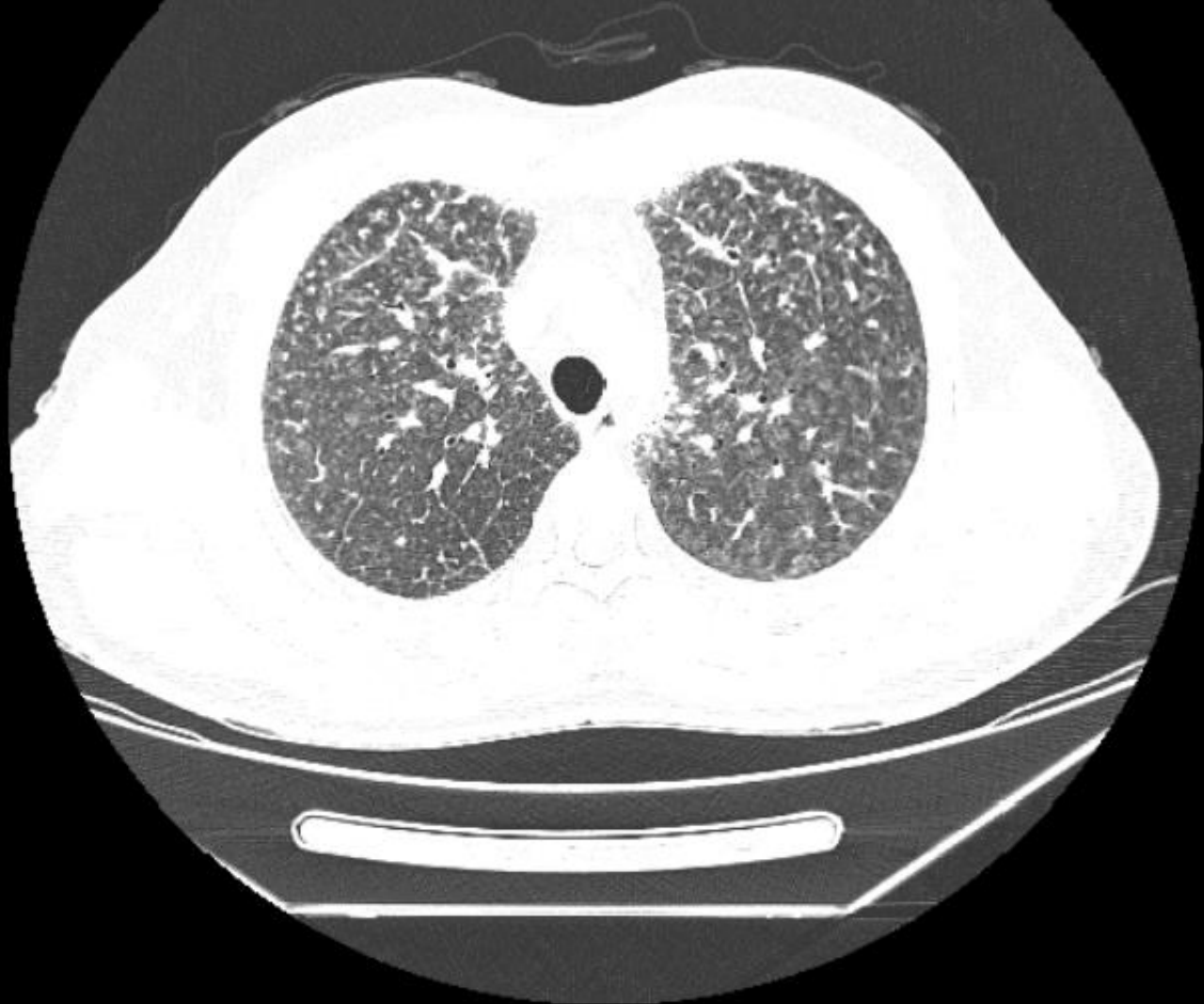
5 Year Messi : Caring Father

- I explained to father that Messi has special problem and needed investigations starting with chest C T
- As father was also coughing I asked him to do chest x ray “ just in case”

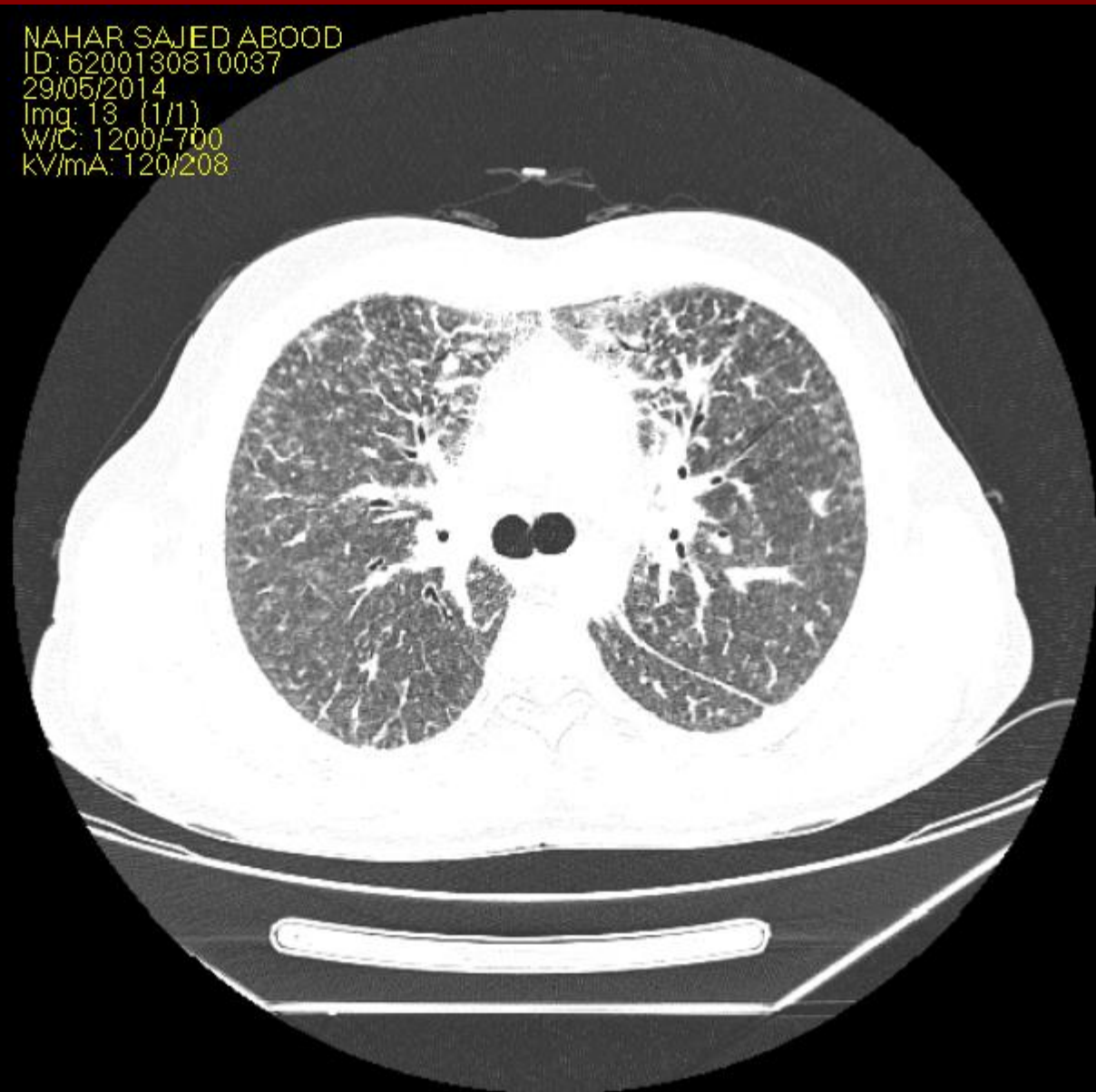
NAHAR SAJED ABOOD
ID: 6200130810037
29/05/2014
Img: 9 (1/1)
W/C: 1200/-700
kV/mA: 120/227



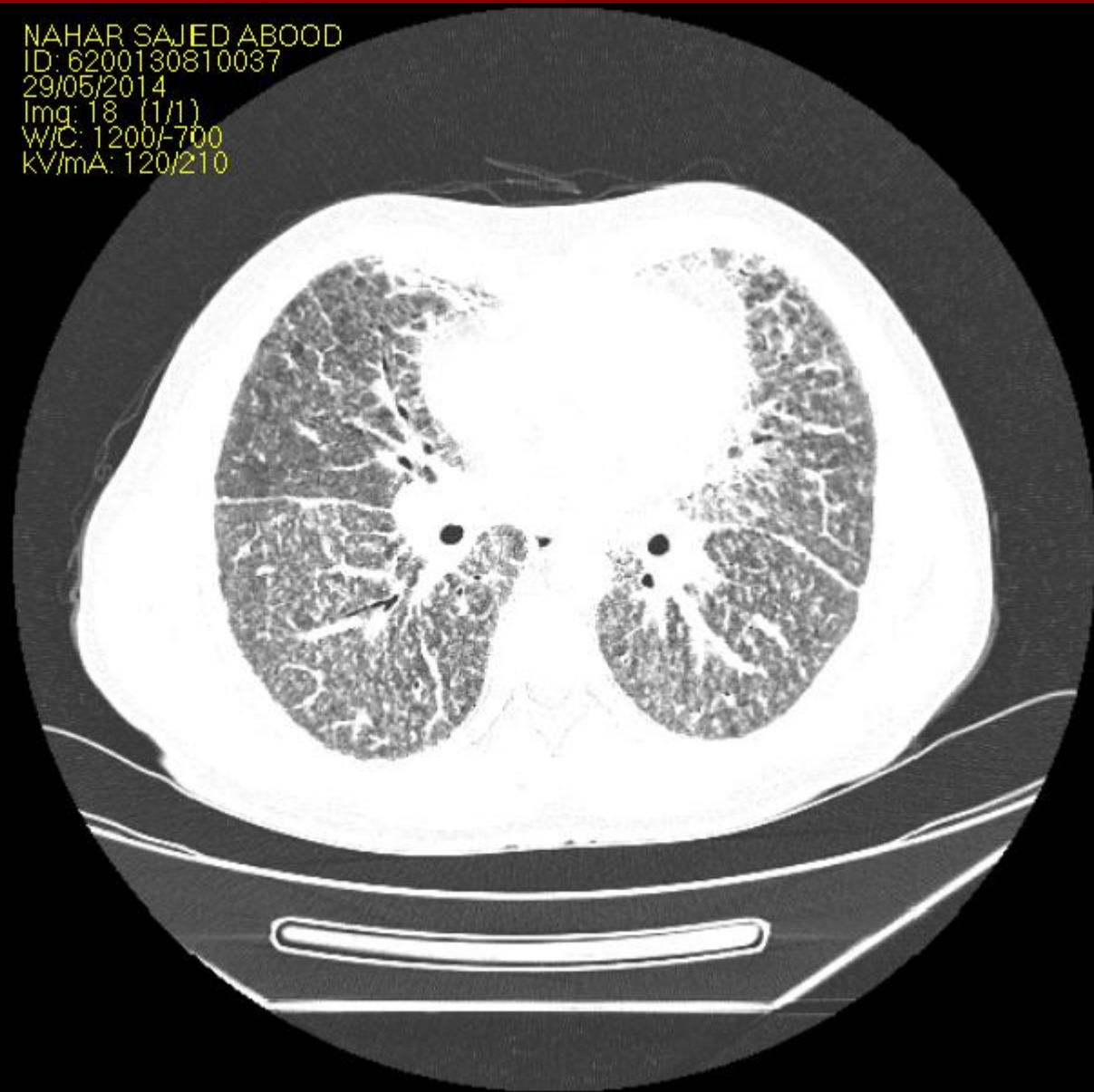
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29/05/2014
Img: 10 (1/1)
W/C: 1200/-700
KV/mA: 120/205



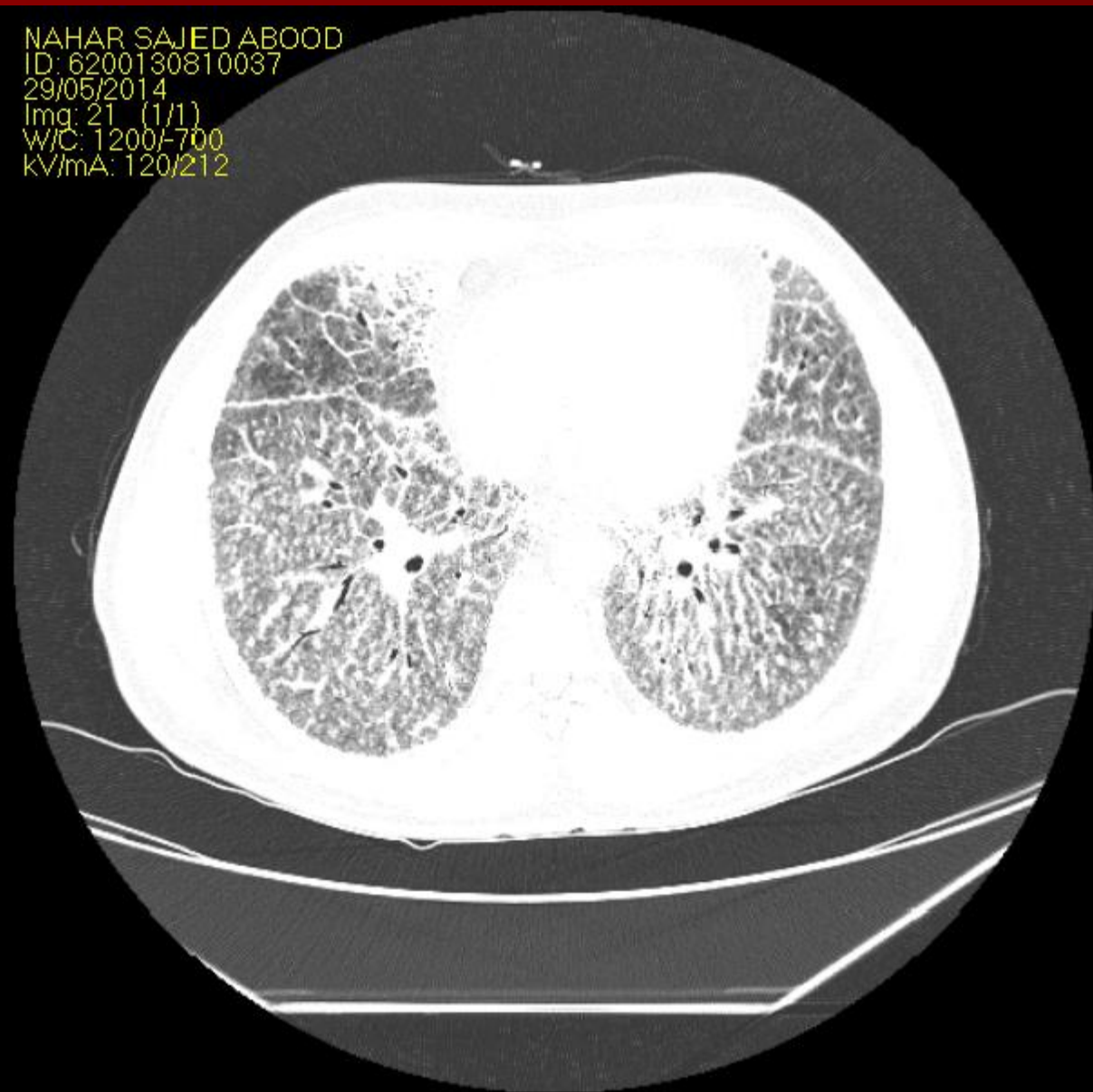
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29/05/2014
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W/C: 1200/-700
KV/mA: 120/208



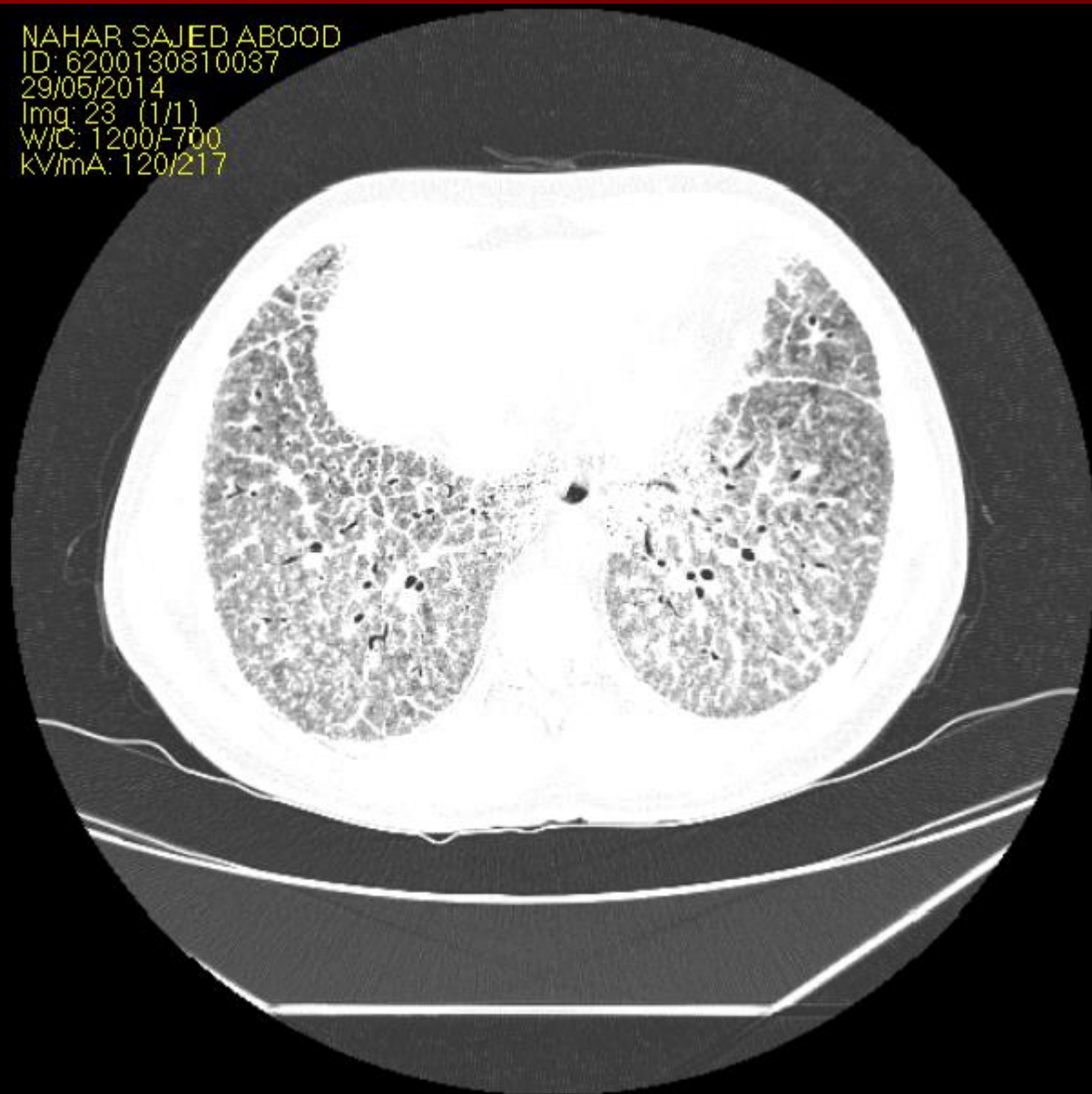
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29/05/2014
Img: 18 (1/1)
W/C: 1200/-700
KV/mA: 120/210



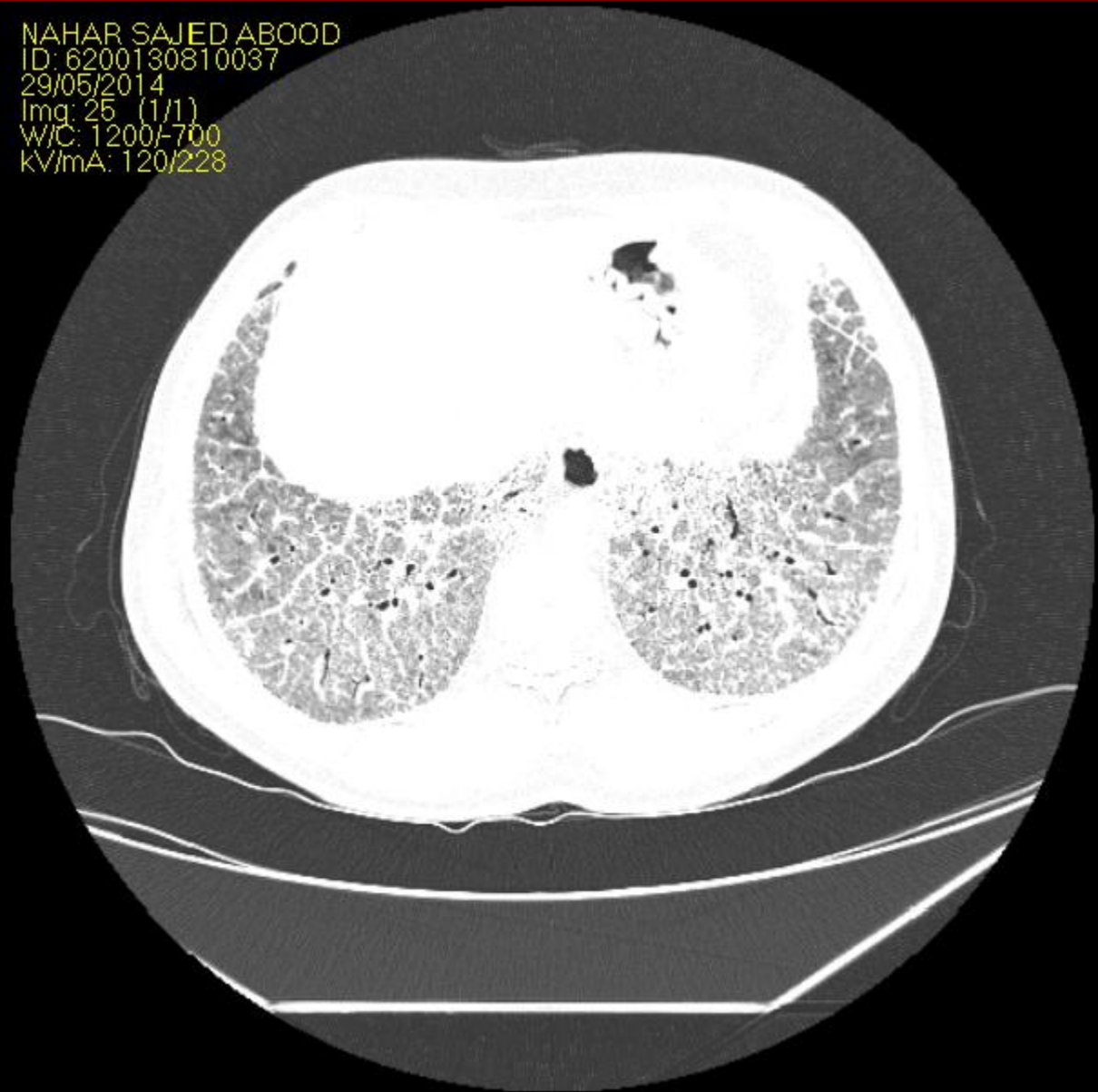
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29/05/2014
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W/C: 1200/-700
KV/mA: 120/212



NAHAR SAJED ABOOD
ID: 6200130810037
29/05/2014
Img: 23 (1/1)
W/C: 1200/-700
KV/mA: 120/217

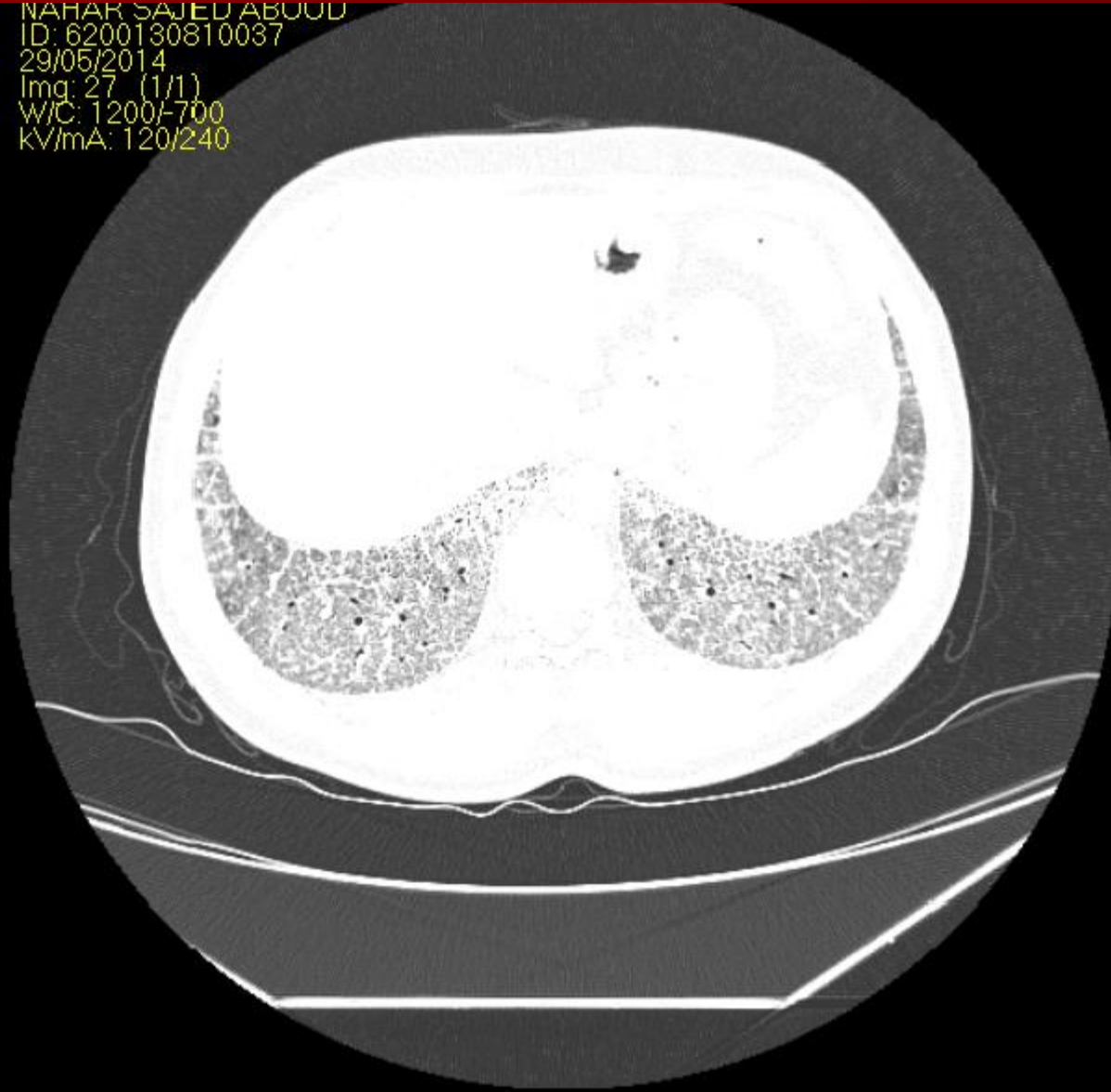


NAHAR SAJED ABOOD
ID: 6200130810037
29/05/2014
Img: 25 (1/1)
W/C: 1200/-700
kV/mA: 120/228



Q) Diagnosis ?

NAHAR SAJED ABOOD
ID: 6200130810037
29/05/2014
Img: 27 (1/1)
W/C: 1200/-700
kV/mA: 120/240



5 Year Messi : Father X Ray



L
RHB



5 Year Messi : Next Plan

- Lung Biopsy obtained from father

cytology no:

S14/ 9301

القسم:

Specimen: Rt lung bx

Clinical information:

38 y/o male case of lung fibrosis

Microscopic Description:

The sections taken from the lung tissue reveal diffusely dilated alveolar spaces contain calcified laminated structures

A mild interstitial lymphoid cell infiltrate and mild focal interstitial fibrosis with no evidence of active formation of fibroblastic plugs

Final Diagnosis:

RT lung, wedge biopsy:

- Pulmonary alveolar microlithiasis
- No evidence of granulomas or malignancy

result date

20\08\2014

cytotechnologist
signature:

specialist
signature:

lung bx
Clinical information:

38 y/o male case of lung fibrosis

Microscopic Description:

The sections taken from the lung tissue reveal diffusely distributed
contain calcified laminated structures

A mild interstitial lymphoid cell infiltrate and mild foci
with no evidence of active formation of fibroblastic plugs

Final Diagnosis:

RT lung, wedge biopsy:

- Pulmonary alveolar microlithiasis
- No evidence of granulomas or malignancy

result date

08/08/2014

cytotechnologist
signature:

spec
sign

Pulmonary alveolar microlithiasis

■ Clinical presentation

Often discovered incidentally on a chest radiograph. The radiographic features are out of proportion to clinical symptoms , It is the only disease that causes extensive alveolar shadow with minimal symptoms



5 Year Messi : The Plan

Lung Transplant

What is unusual ?

Difficult Cases may be

"Difficult roads often leads to beautiful destinations."

A scenic view of a winding road on a mountain ridge at sunset. The road is paved and curves along the edge of a steep, grassy hillside. The sky is a mix of orange, yellow, and blue, indicating the time is either dawn or dusk. The overall mood is peaceful and inspiring.



THANK YOU!