

Chest Round

2010.3.9
R4 장유진

Chief complaint

78/M

Dyspnea

(onset :내원 3시간전)

Present illness

내원 6개월 전 4cm 정도의 palpable Lt. neck mass를 주소로 외부병원 내원하여 시행한 조직검사에서 metastatic squamous cell carcinoma 소견 보여 본원 전원됨.

본원 내원 후 조직검사 다시 시행하였고 metastatic carcinoma with squamous differentiation 소견 보임.

Chest CT, Neck CT, PET 에서 다른 primary origin 명확하지 않아 Metastasis of Unknown Origin 으로 진단받음.

Present illness

내원 5개월 전부터 종양내과에서 **palliative chemotherapy** 시행하기로 하여 두 차례 **Cisplatin + TS-1** 항암요법 시행하였으나 **disease progression** 보였고 **Lt. common carotid a. complete encasement** 및 **Lt. paravertebral muscle** 과 **SCM muscle invasion** 소견보임.

내원 3개월전 부터 총 24회 **total 6000cGy** 의 방사선요법을 시행 후 방사선 종양학과 추적 관찰 중이었으며 방사선 치료 후에 **mass** 크기는 약간 감소하였음.

Present illness

내원 1개월전 부터 **dyspnea MRC Gr 2, voice change, hoarseness** 있었고, 내원 3일전 **submental edema** 소견 보였으나 경과가 빠르지 않아 추적관찰하기로 함.

내원 3시간 전, 쉬고 있는 동안 **acute onset dyspnea** 가 **stridor** 동반하여 발생하여 본원 **ER** 내원함.

Present illness

Associated symptoms)

Dyspnea (+)

Voice change (+)

Hoarseness (+)

Tachypnea (-)

Febrile sensation (-)

Chilling (-)

Cough (-)

Sputum (-)

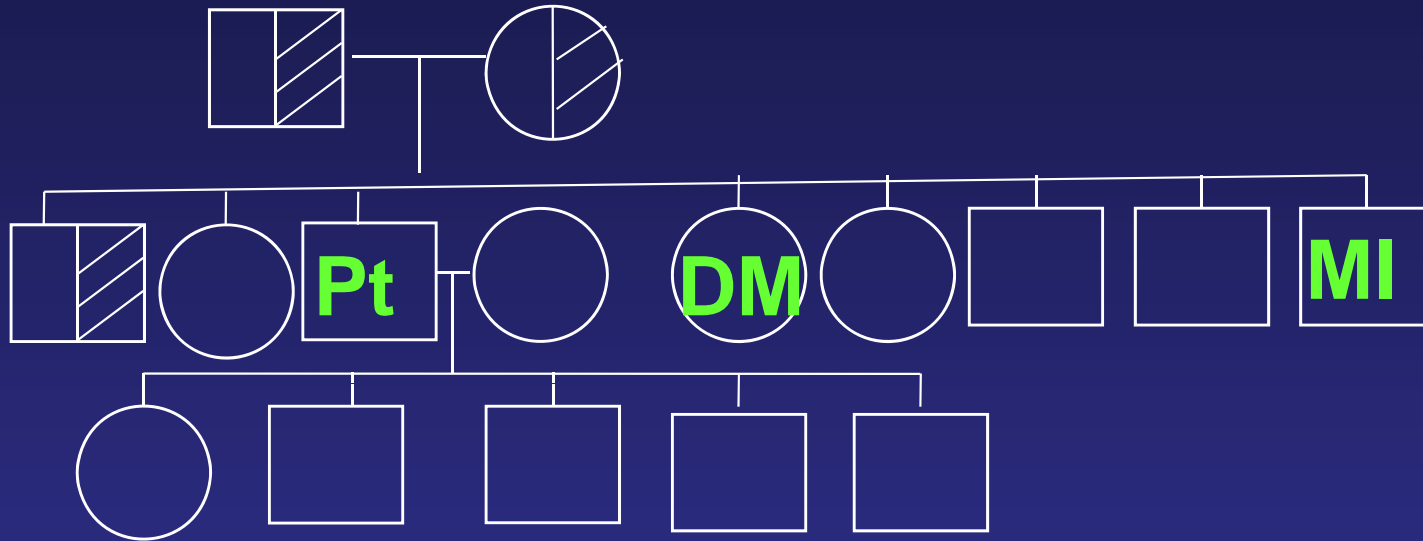
Past Medical History

DM / HTN / Pul.Tbc / Hepatitis (-/-/-/-)

Current medication history: oxycodone 10mg bid
erdosteine 300mg tid

- Chemotherapy : 2009.10.5 Cisplatin #1 / TS-1 14d
2009.10.26 Cisplatin #2 / TS-1 14d

Family History



Social History

Alcohol : 막걸리 1병/주 x 50 년

Smoking : 0.5 갑/일 x 50 년

Occupation: 무직

Review Of System

General

Fever/chill (-/-)

General weakness (-), fatigue (-)

Night sweating (-), weight loss (-)

HEENT

Sore throat (-) Neck pain (-) headache (-)

Respiratory

Cough/Sputum (-/-) **Dyspnea MRC Gr 2(+)**

Tachynea (-), Hemoptysis (-)

Cardiovascular

Chest pain (-), Palpitation (-)

Gastrointestinal

A/N/V/D/C (-/-/-/-/-) Hematemesis/melena(-/-)

Genitourinary

Flank pain (-) Hematuria (-)

Dysuria/Urgency/Frequency (-/-/-)

Polyuria/anuria (-/-)

Musculoskeletal

Arthralgia (-) Back pain (-)

Physical Examination

Initial V/S

157/95mmHg-112회/min-19회/min-37.1°C

General Alert mentality

Acutely ill-looking appearance

Cold sweating

HEENT Pinkish conjunctiva, Anicteric sclera

Both pupil reflex : proper

Neck vein engorgement (-/-)

**Diffuse neck swelling (+) redness (+)
tenderness (+)**

Palpable neck mass (+) hard, diffuse

Physical Examination

Chest Symmetric expansion without retraction

Regular heart beat without murmur

Stridor (+) in neck

Wheezing (-), Crackles (-)

Abdomen Soft and flat

Organomegaly (-) Palpable mass (-)

Abnormal pulsation (-) Shifting dullness(-)

Back & Extremity

Costophrenic angle tenderness (-/-)

Pretibial pitting edema(-/-)

Initial Laboratory data

ABGA 7.470 – 42.0 – 135.0 – (6.2) – 31.0 – 99.0%
(FiO₂:32%, Nasal cannula 3L)

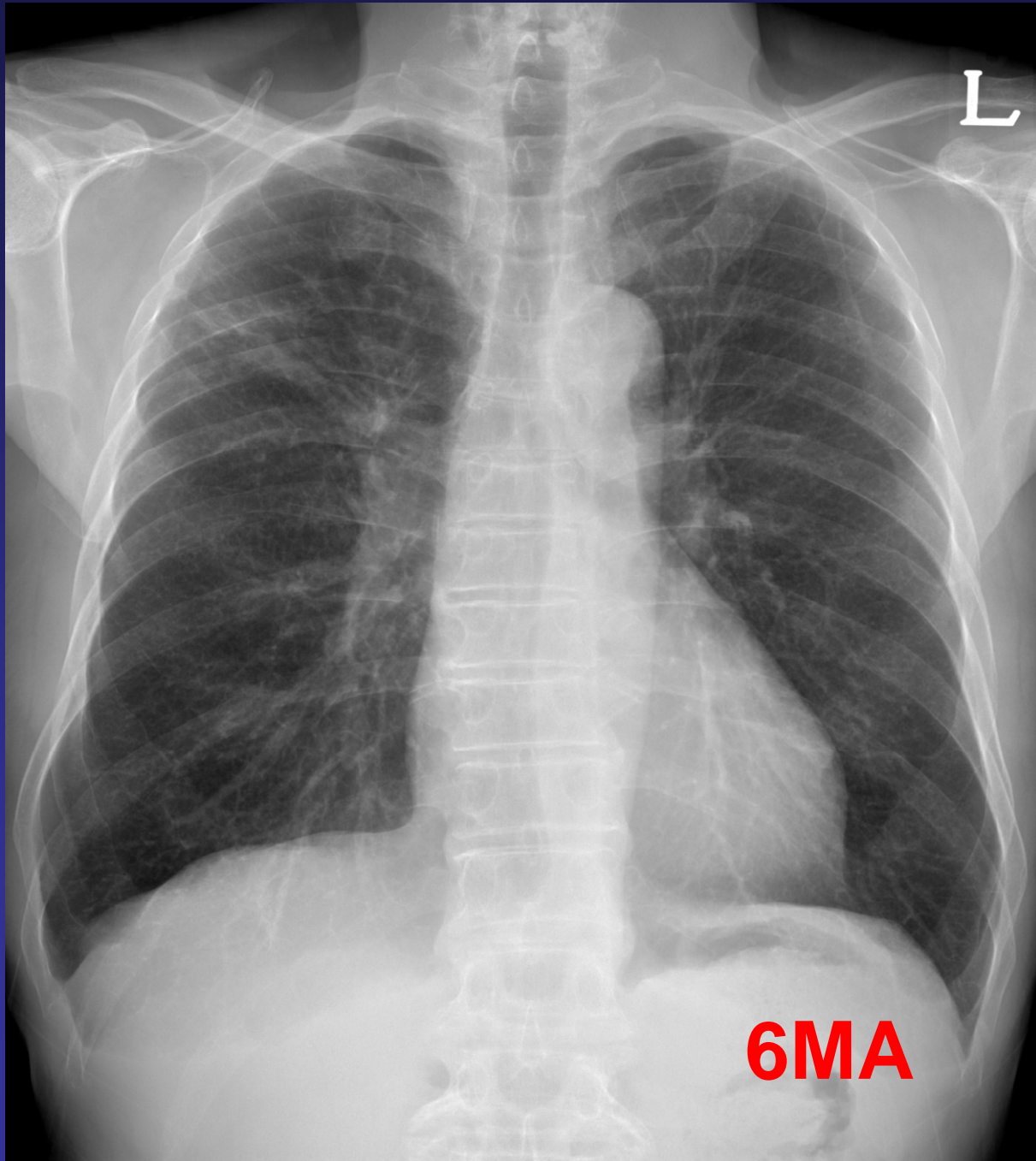
CBC WBC 7200/mm³ - Hb 13.0g/dL - Platelet 223K/mm³

Electrolyte Na/K/Cl/Total CO₂ 133/4.4/95/28.0 mEq/L
Chemistry Ca 8.0 mg/dl Glucose 127 mg/dl
BUN/Cr 8/0.7 mg/dl
Prot/Alb 4.5/2.2mg/dl
AST/ALT 22/16 IU/L ALP 61 IU/L
T-Bilirubin 0.6 mg/dl
CRP 12.73 mg/dl

Cardiac enzyme CK 98 IU/L, CK-MB/ Tn-I 3.4/0.406 ng/ml
BNP 17 pg/ml

Coagulation battery PT 81.9%(INR 1.10) aPTT 35.2 sec

Initial chest X-ray



Initial Problem List

- # 1. Lt. neck metastatic carcinoma of Unknown origin
- # 2. Recent radiation therapy to Lt. neck
- # 3. Dyspnea (sudden aggravation)
- # 4. Stridor at neck , upper airway
- # 5. Diffuse neck swelling, redness, tenderness
- # 6. Rt. deviated and narrowed airway in CXR
- # 7. Recent hoarseness, voice change
- # 8. Elevated CRP

Initial Assessment and Plan

A > Upper airway obstruction
d/t Neck mass effect

R/O Lt. neck metastatic carcinoma progression

R/O Newly developed deep neck infection

P > #1 Airway 확보

- Orotracheal intubation

- Videolaryngoscopy-guided intubation

- BFS-guided intubation

- Cricothyroidotomy

- Emergency tracheostomy

#2 ENT Exam

#3 Blood Cx / Start Antibiotics

#4 Neck CT

Progress # 1

ENT Exam

- Airway : narrowing
(2mm, posterior)
collapsed
(ant and mid)

- Vocal cord movement

: upper airway narrowing 으로 평가 어려움.

Lt. side vocal cord → Rt. side deviation, mobility 감소

- Very short and rigid neck

→ Tracheal deviation 및 mass effect 의한 anatomical variation 으로 emergency tracheostomy는 성공 가능성 희박, image 시행 필요. Intubation 후에 가능.



mass effect로 여겨지는 omega shape epiglottis보였으며 2mm size의 air way, max air way 3mm

Progress # 1

- 1) **Airway** 확보가 안된 상태에서는 **image** 시행하기 어려워 **Tracheostomy** 는 하기 어려운 상황
 - 2) **Intubation** 시도할 경우, **mucosal edema** 나 **bleeding** 발생하여 다른 방법을 고려해야 할 때 대체 가능한 방법의 성공 가능성이 낮고 불확실함.
- **Airway** 확보가 안될 경우를 고려하여 **MICU** 입실하여 **ECMO (Extracorporeal membrane oxygenation)** 시행하고 **Bronchoscopic Intubation** 을 한 후, 수술장에서 **tracheostomy**를 진행하기로 결정.

Progress # 1

ECMO insertion



BFS-guided intubation (7mm)



ECMO removal



Neck CT

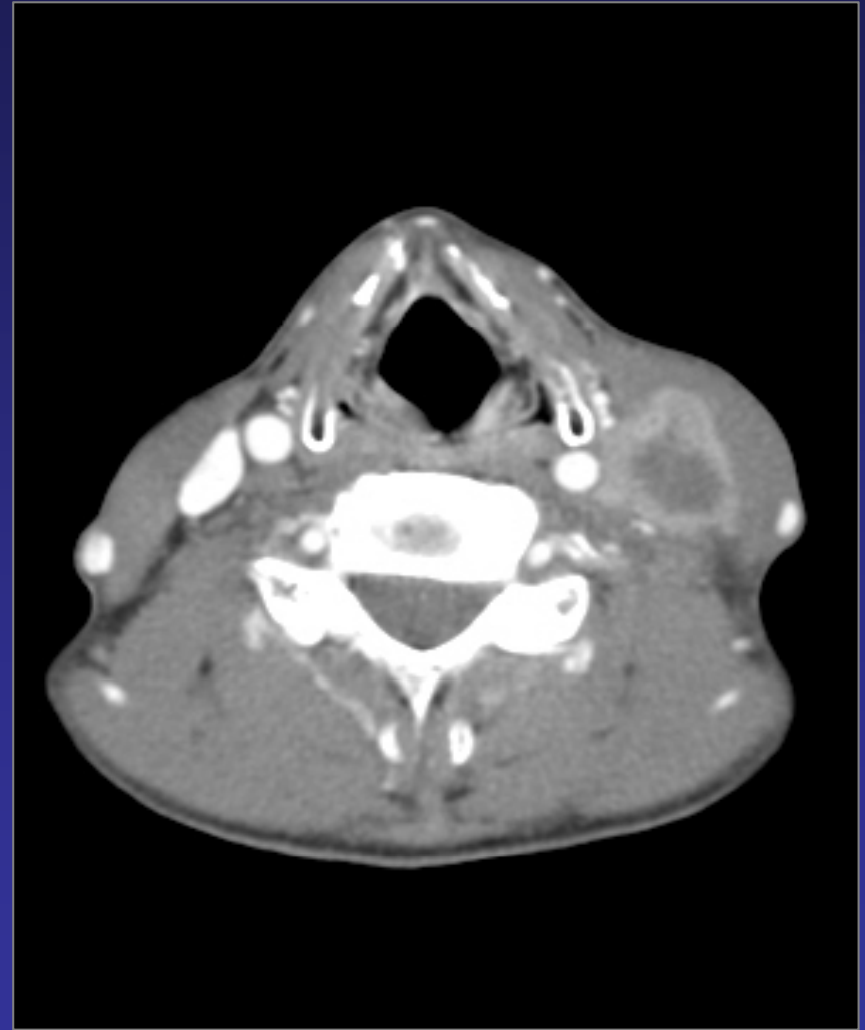


Progress # 1 (1)

Neck CT



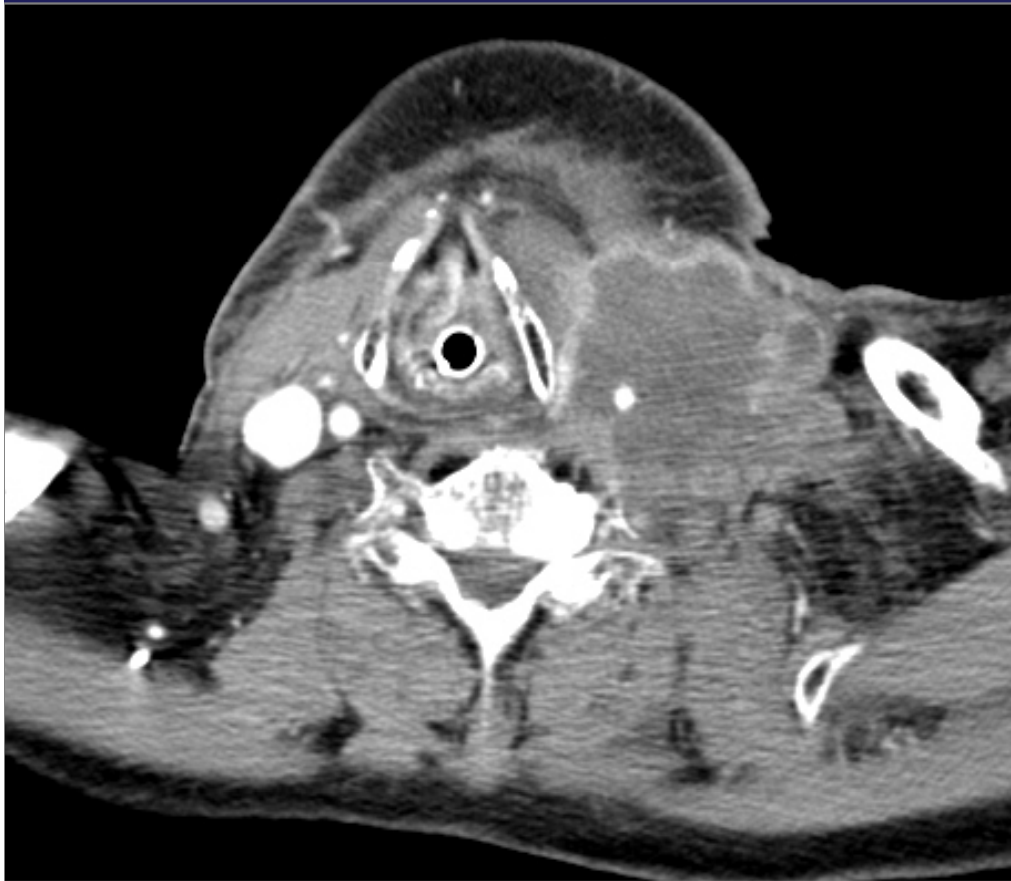
2009.9.17



2009.8.14

Progress #1 (2)

Neck CT



2010.2.21 내원일



2009.11.9

Hospital Day #2 (OR)

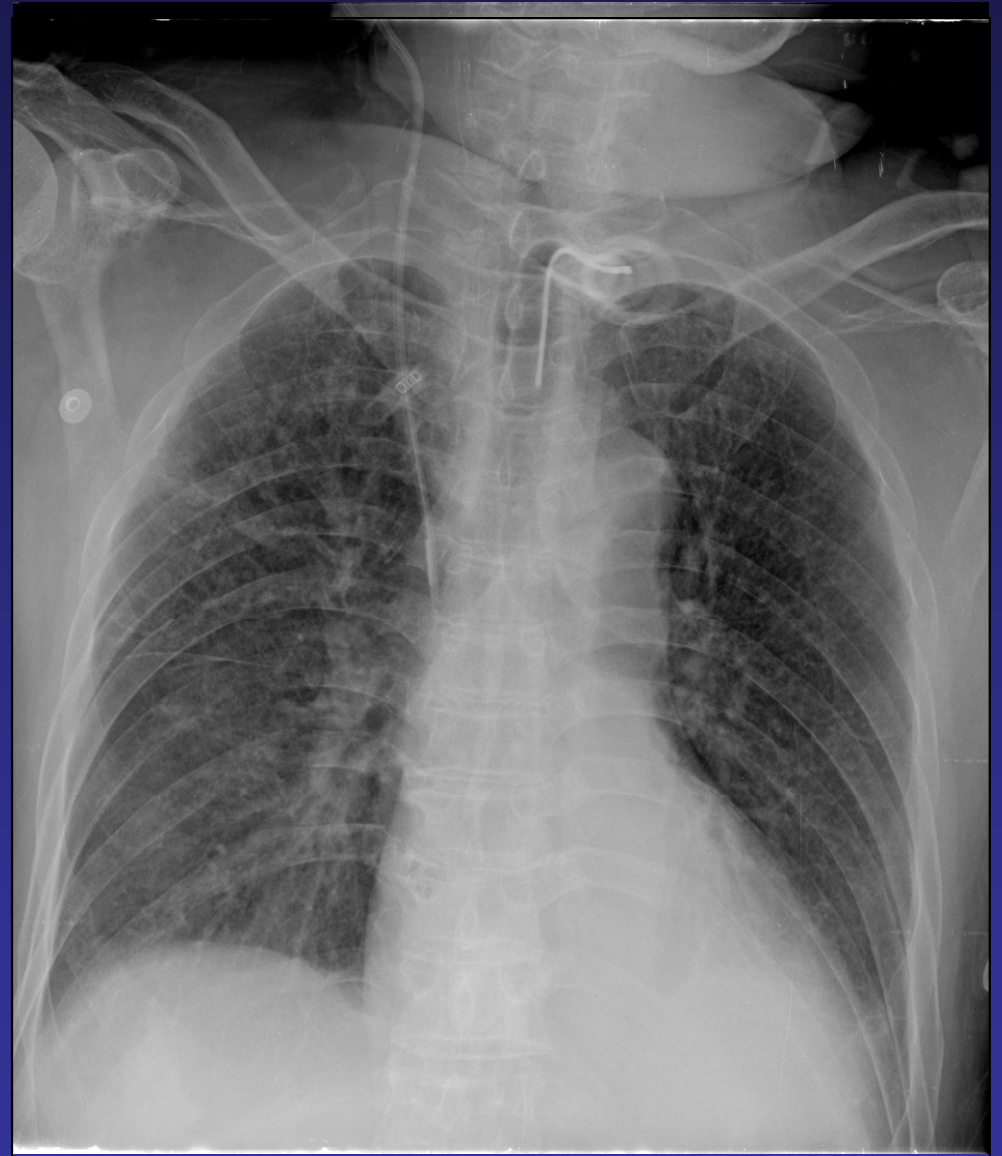
S) mild sedative state

O) Ventilator Care :
PCV
insp. Pr 12, FIO2 30%

Tracheostomy 시행
(adjustable 8mm)

A) Upper airway obstruction
d/t disease progression

P) Vent weaning
T-can 유지 / 관리



Hospital Day #3 (Post OP #1)

#1 Upper airway obstruction d/t disease progression

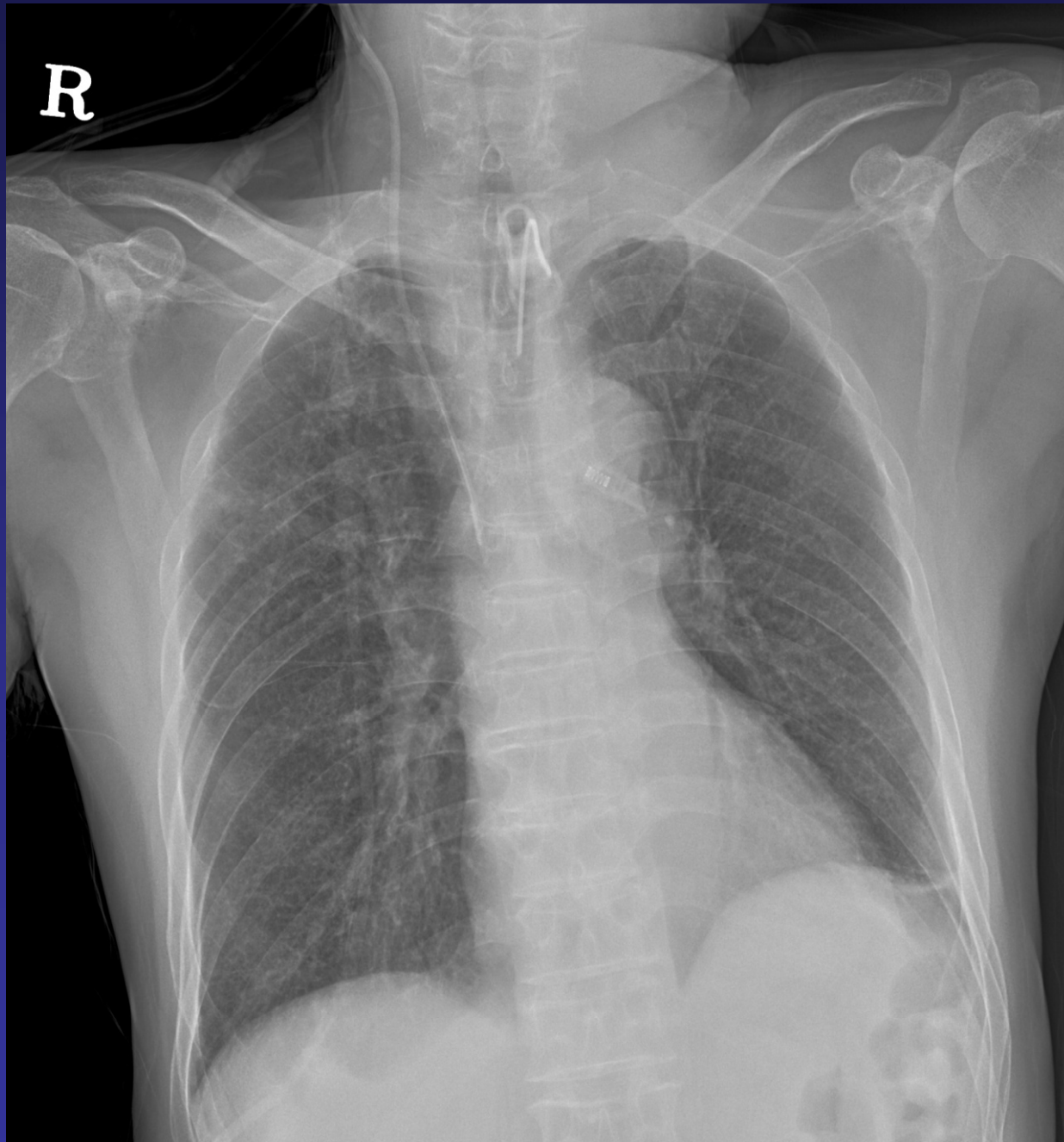
S) Alert mentality

O) T-piece 30% 로 변경

ABGA 7.45-31.2-130.5-(-2.0)-22.2- 99.2%

P) Transfer to General Ward

Hospital Day #15



2010.3.7
Room air
Discharge 예정
추후 CTx 고려

Hospital Course

