

Ministry of Health

Grodno State Medical University  
Department of Phthisiopulmonology

The scheme of  
CASE REPORT

on the subject " Phthisiopulmonology"

for students of the 4th year medical faculty (specialty 1-79 01 01 "Medicine");

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The scheme of case report on the subject " Phthisiopulmonology," 2nd edition,  
revised and enlarged.

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## **I. PASSPORT PART**

Name (Written by the first letter of surname, name and patronymic of the patient).

Year of birth, profession, place of employment.

Home address ( the town or district).

Admission Date. Clinical diagnosis. Concomitant diseases.

## **II. COMPLAINTS**

There have been complaints that have taken place at admission, as well as on the day of supervision. Pay special attention to and elaborate on the complaints, typical for pulmonary tuberculosis:

- Cough: the time of its appearance, dry, wet, painful, painless, the nature of mucus: mucous, purulent, mucopurulent, color, smell, admixture of blood, daily amount of sputum.
- Pains: their character (aching, dull or sharp, burning, stabbing) and localization, when do the pains occur, their connection with respiration.
- Dyspnea. Shortness of breath: a constant or intermittent, inspiratory, expiratory or mixed, at rest, during walking, the exertion.
- An increase of temperature, the nature of the temperature reaction. Sweating, especially at night. Fatigue, loss of appetite, weight loss.
- Other complaints. The absence of complaints.

## **III. HISTORY OF THE DISEASE / ANAMNESIS MORBI /**

Clarify when the patient first became ill with tuberculosis, the main complaints, which at that time were. The method of detection of tuberculosis (prophylactic X-ray diagnosis, the previous treatment). If this is the recurrence of tuberculosis

- details of previous treatment, the duration of sanatorium and outpatient treatment, tolerance to drugs, additional treatments (artificial pneumothorax, pneumoperitoneum, surgical treatment). The effectiveness of treatment. The frequency and nature of exacerbations (relapses) of the process. The changes observed in the lungs and other organs after each recurrence. Detection of MBT in the past and results of drug resistance.

## **IV. HISTORY OF LIFE /ANAMNESIS VITAE /**

Particular attention should be paid to the following points: health of parents and other members of the family; family, household, occupational contact. Mode of work: the day's work, night's work, occupational hazards. Information about past illnesses, especially suspicious of tuberculosis, as well as risk factors for the development of tuberculosis (diabetes mellitus, peptic ulcer, nonspecific respiratory diseases, etc.). Information about vaccination and revaccinations, the Mantoux test (for young patients). Bad habits: smoking, alcohol and drug abusing. Social status (homeless, unemployed, migrants). Characteristics of nutrition: the regularity of meals, the quality of food. The women - the menstrual cycle, pregnancy, deliveries, abortions. Allergic anamnesis including drug allergy.

## **V. CURRENT STATUS OF THE PATIENT**

1. **The general condition**: mild, moderate, severe. The character of the temperature. Weight of the patient. Constitution. Height. Position of the patient,

unconscious. Color of the skin. The rash on the skin. Peripheral lymph nodes (their size, texture, tenderness, unity between themselves and the surrounding tissues). The muscles and their tonus. Osteo-joint system: deformation, curve. Joints - changes in their configuration, swelling, thickening, contractures and ankylosis; fingers as "drumsticks."

2. **The respiratory system**. Chest: normal, emphysematous, rachitic. Chest deformity, symmetry. State of the intercostal spaces, the apex of the lungs. The number of breaths per minute. Definition of voice tremor.

Comparative and topographic percussion of lungs: lung sounds, shortening, blunting, stupidity, tympanic, boxed. Specify the location of the changed percussion sound. The lower and upper borders of lungs according all lines on each side, the Krenig's fields. Respiratory excursion of lungs.

Auscultation. The nature of breathing: vesicular, strengthened, weakened, stiff, bronchial breathing, long flow, amforic breath. Wheezing: dry and wet, big, medium and small bubbling, crackling. Pleural friction rub. Auscultation of the lungs after coughing.

3. **The cardiovascular system**. Palpitations and increased heart rate. The presence of edema: lower extremities, face, abdomen and lower back. The apical impulse (visible, invisible), localization. The borders of the heart. Cardiac tones: bright, dull, snapping, split tones. Murmurs: systolic, diastolic, pericardial rub. The pulse rate per one minute, the magnitude. Rhythm: regular, irregular, premature beats, atrial fibrillation. The rate of blood pressure.

4. **The digestive organs**. Color of the mucous membranes of the mouth, its pigmentation, smell. Tongue moist, dry, coated, "polished", "geographic." Inspection and palpation of the abdomen. Symptom Shchetkin-Blumberg. The liver: identification of the upper and lower boundaries of the liver. The sizes accordiing Kurlov. Edge of the liver: acute, rounded, the nature of the surface of the liver: a smooth, bumpy. The spleen: determination of its size, palpation. Stool: disorders of the Stool, the pathological changes of the Stool.

5. **Genito-urinary system**. Swelling of the face, the color of its skin (pallor). The daily amount of urine. Urine: a painful, painless, fast. The color of urine. Inspection, palpation of the kidney area. The nature of menstruation. Disorders of sexual function.

6. **The nervous system**. It should clarify the relationship between the patient and the people around him and family. Pay attention to the behavior of the patient in the clinic, his speech, noting isolation or sociability, background mood. Sleep. Vision. Hearing. Meningeal signs, focal symptoms.

7. **The endocrine system**. The magnitude, consistency of the thyroid gland. The width of palpebral fissures, bright eyes, exophthalmos, tremor of the fingers.

## **VI. LABORATORY FINDINGS**

Results are written from the history: the first (admission) and the last (on the day of supervision) analysis.

Complete blood and urine tests, blood biochemical parameters.

The results of sputum smears analyzes, culture investigations.

## **VII. DATA OF TUBERCULIN SKIN TESTS**

## **VIII. RESULTS OF FUNCTIONAL EXAMINATIONS**

Anthropometric data, spirometry, ECG, bronchoscopy, ultrasound study, examination of specialists: ENT, eye doctor, etc. - are written from the history of the disease.

## **IX. X-RAY**

Written sequentially from the history of the disease. Discussed in the analysis of the patient on a practical lesson.

## **X. DIAGNOSIS OF TUBERCULOSIS AND ITS JUSTIFICATION (in your patient).**

## **XI. DIFFERENTIAL DIAGNOSIS.**

The differential diagnosis is carried out:

- a) disseminated pulmonary tuberculosis: microfocal pneumonia (bilateral), carcinomatosis, silicosis, sarcoidosis, pulmonary congestion in heart failure, alveolitis;
- b) tuberculous meningitis: purulent meningitis, viral meningitis;
- c) focal pulmonary tuberculosis: lobular pneumonia, fibrosis focal changes;
- g) infiltrative pulmonary tuberculosis: lobar pneumonia, central lung cancer, lung abscess, pulmonary infarction, eosinophilic infiltration (pneumonia);
- d) lung tuberculoma: peripheral lung cancer, metastasis in the lungs, lung echinococcosis, benign tumors of lung and mediastinum; filled cysts;
- e) cavernous tuberculosis: solitary cyst, bronchiectasis, lung abscess, bullous emphysema.
- g) fibro-cavernous tuberculosis: cysts and polycystic, bronchiectasis, chronic lung abscess, lung cancer with destruction;
- h) cirrhotic tuberculosis: atelectasis, pleural effusion;
- s) pleural effusion: pleural effusion due to cardiac disease, cancer; empyema;

## **XII. FINAL DIAGNOSIS**

The clinical diagnosis of tuberculosis, according to the classification. The diagnosis of associated diseases.

## **XIII. TREATMENT OF THE PATIENT AND ITS JUSTIFICATION**

Category which the patient is assigned according WHO recommendation.

Estimated duration of the intensive phase (hospital) and the continuation phase of treatment (outpatient). Guidelines for antimicrobial therapy: regimen of antibiotic therapy, the rationale combination of drugs, their dosages, methods of administration. The pharmacological action of administered anti-TB drugs. Pathogenic therapy. The feasibility of using collapse therapy and surgical treatment in patient. Recommendations for further observation.

## **XIV. PROGNOSIS OF THIS FORM OF TUBERCULOSIS IN A PATIENT**

Medical rehabilitation. Professional rehabilitation (disability, rehabilitation in this patient now and in the long term).

## **XV. DIARY FOR 2 DAYS**

## **XVI. EPICRISIS**

Name. Time of admission to hospital. The main complaints and medical history

(briefly). Dynamics of the objective data during the observation time for patients. The basic researchs. Diagnosis. The treatment and its results. Recommendations.

## **XVII. LITERATURA WHICH WAS USED.**