

AN INTERESTING CASE OF PYREXIA OF UNKNOWN ORIGIN

5TH MEDICAL UNIT

PROF.DR. SANGUMANI. J. MD., D(DIAB)

ASST PROF. DR.SUNDARAM. R MD

ASST PROF. DR. RAGHAVAN. K. S MD.,
D(DIAB)

PRESENTER: DR SANTHOSH KUMAR K

Chief complaints:

- Kamala, a 28 years old female was admitted with complaints of:
 - Fever for past 1 month
 - Cough with expectoration for past 14 days
 - Altered sensorium for past 2 days

H/O presenting illness:

H/O fever for past one month

- Intermittent in nature
- Aggravated in the evening and peaks at night
- Relieved by Anti-pyretics

H/O cough with expectoration for past 14 days

H/O Altered sensorium for past 2 days

H/O headache + for 2 days

- Over the Temporal region

H/O Vomiting + for past 2 days

- Non projectile

- Preceded by nausea

- Not blood/ bile stained

- H/O palpitation +
- No H/O breathlessness
- No H/O chest pain
- No H/O syncope
- No H/O excessive sweating

- No H/O difficulty in smell perception
- No H/O blurring of vision
- No H/O diplopia
- No H/O difficulty in chewing
- No H/O deviation of angle of mouth/ drooling of saliva/ difficulty in closing eyes
- No H/O hard of hearing
- No H/O difficulty in swallowing/ speech
- No H/O difficulty in turning head side to side
- No H/O difficulty in protruding tongue

- No H/O difficulty in using limbs
- No H/O difficulty in perceiving hot/ cold/ pain
- No H/O difficulty in feeling the worn cloth
- No H/O difficulty in walking
- No H/O any abnormal movements
- No H/O frequent falls
- No H/O oscillopsia

- No H/O head trauma
- No H/O seizure
- No H/O bowel/ bladder incontinence

Past H/O

- No h/o similar illness in the past
- Not a k/c of Type 2 diabetes mellitus/
Systemic hypertension/ Tuberculosis/
Epilepsy/ Bronchial asthma
- No H/O previous surgery
- No H/O drug intake
- No H/O allergy to any food/ drug

Personal H/O

- She is a home maker
- Separated from her husband for past 2 years
- LMP- 1 Week back
- No H/O of promiscuous behaviour

General examination

- Drowsy
- Obeys oral commands
- Pallor +
- No icterus/ cyanosis
- No clubbing
- No pedal edema
- No generalized lymphadenopathy

Vital signs:

- Pulse- 120/min- regular, no specific character, no radio-radial or radio-femoral delay

- BP:

BP	RIGHT	LEFT
UPPER LIMB	100/70	100/70
LOWER LIMB	110/70	110/70

- Spo2- 98% in room air
- Respiratory rate- 22/ min- thoraco-abdominal type

Systemic examination:

CENTRAL NERVOUS SYSTEM:

Drowsy

Obeys commands

Speech normal

Cranial nerves: optic nerve- B/L Papilloedema +

Other cranial nerves were normal

Motor system- normal

Sensory system- normal

Plantar- B/L flexor

- Cerebellar system- normal
- Signs of meningeal irritation:
 - Neck stiffness +
 - Kernig's sign +

CUS:

S1, S2 +

short systolic murmur+ in mitral area

RS:

NUBS +

B/L crepitations +

ABDOMEN:

soft

No organomegaly



INVESTIGATION:

TOTAL COUNT	29,200 CELLS/ CU MM
RBC	2.64 MILLIONS
HB	8.6 G/DL
HCT	25%
PLT	1.66 LAKHS
DC	N-84%, L-26%, E- 0%
ESR	94 MM/HR

- Peripheral smear:

HYPOCHROMIC MICROCYTIC
ANEMIA WITH NEUTROPHILIC
LEUCOCYTOSIS

2/3/18

RBS	113 MG/DL
UREA	95  32
CREATININE	1.3  0.9
TOTAL BILIRUBIN	1.2
DIRECT	0.3
INDIRECT	0.9
SGOT	48
SGPT	37

- BLOOD C/S: No growth.
- UCTC: Non- reactive.
- USG : Normal study.
- Sputum AFB - Negative



ECHO ON 6/3/18

- Mild concentric LVH
- LA mass= 2.6 x 1.9 cm
- MR moderate (eccentric jet)
- No RWMA at rest
- Normal LV systolic function
- No LV clot
- No pericardial effusion
- IMP: S/o INFECTIVE ENDOCARDITIS

ECHO ON 10/3/18

- Heterogenous LA mass arising from posterior wall of LA
- Size- 2.3 x 1.2 cm
- Mobile and protruding into the MV
- Mild posterior eccentric jet
- S/o LA MYXOMA

ECHO ON 15/3/18

- Large heterogenous mass attached to the LA free wall ,at the base of PML.
- Size 2.6 x 1.0 cm
- MR moderate
- MS mild
- TR mild
- S/O RHEUMATIC HEART DISEASE.

PHILIPS

KAMALA26 /F

16/03/2018

11:18:55AM

TIS0.9

MI 1.4

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Govt Rajaji Hospital, Mad

S5-1/Adult

FR 74Hz

12cm

2D

58%

C 50

P Low

HGen

M3



× Dist 1.69 cm

+ Dist 2.48 cm

120bpm

PHILIPS

KAMALA26 /F

16/03/2018

11:23:39AM

TIS0.7

MI 1.4

01111120180316

Govt Rajaji Hospital, Mad

S5-1/Adult

FR 39Hz

15cm

2D

61%

C 50

P Low

HGen

M3



× Dist 0.864 cm
+ Dist 2.90 cm

119bpm

TEE REPORT ON 22/3/18

- Heterogenous mass (mobile) attached to the atrial side at the base of the posterior mitral leaflet.
- Size- 2.7 X 1.2 cm
- No clot

TREATMENT GIVEN:

- INJ. Ceftriaxone 1gm IV BD
- INJ. Vancomycin 500mg IV BD
- INJ. Gentamycin 120mg IV OD
- INJ. Ranitidine 50mg IV BD
- T.Paracetamol 500mg TDS

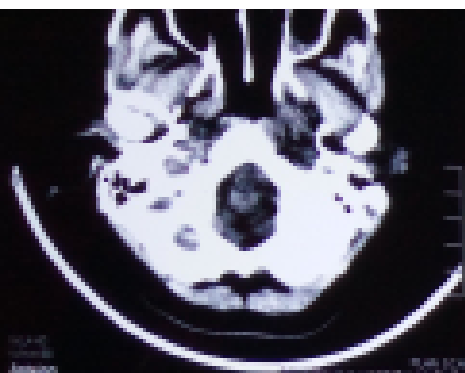
GIVEN FOR 14 DAYS

- Following the treatment with antibiotics patient did not improve symptomatically and the fever persisted.

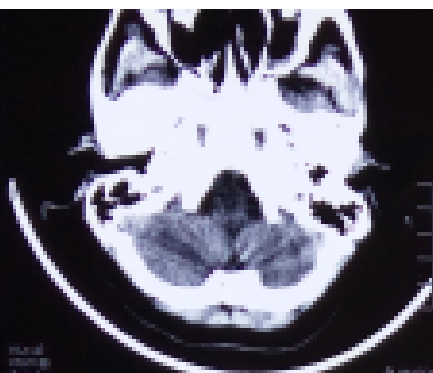
MRI BRAIN:

- E/O multiple ring enhancing and nodular enhancing lesion seen in both cerebral and cerebellar hemispheres
- Leptomeningeal enhancement seen in right parietal region
- MRA/MRV- Normal

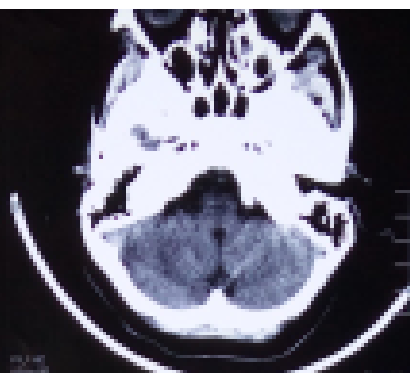
IMP- POSSIBILITY OF MULTIPLE
TUBERCULOMA



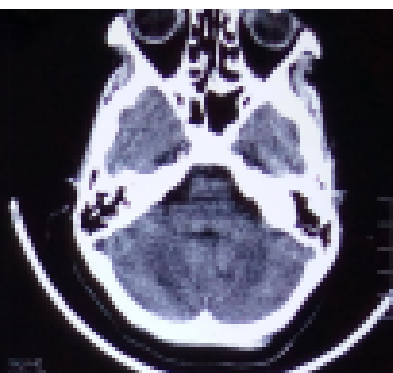
CT SCAN
OF THE HEAD
Axial
10.01
2000.01.14
10.01



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Axial
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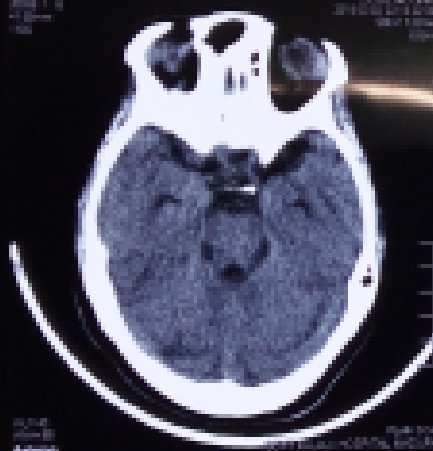
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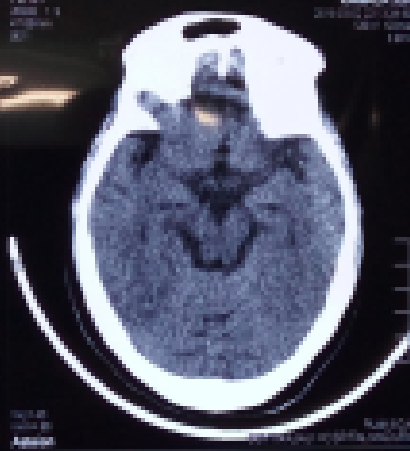
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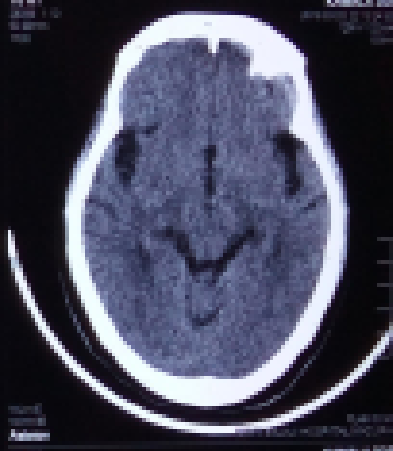
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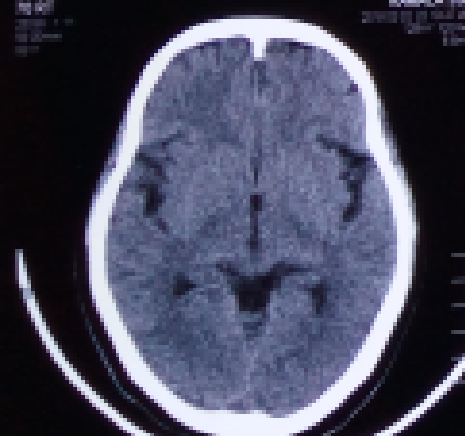
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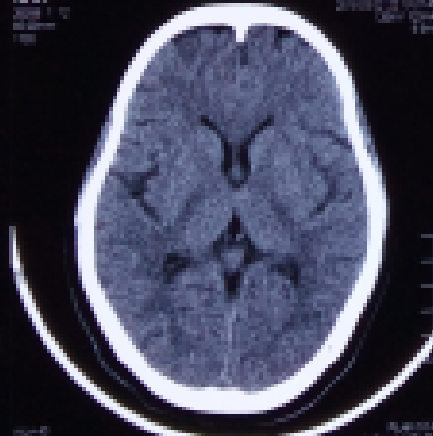
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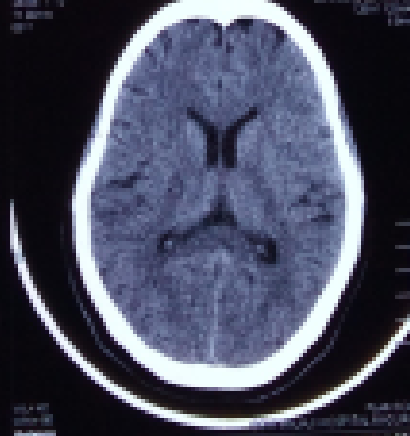
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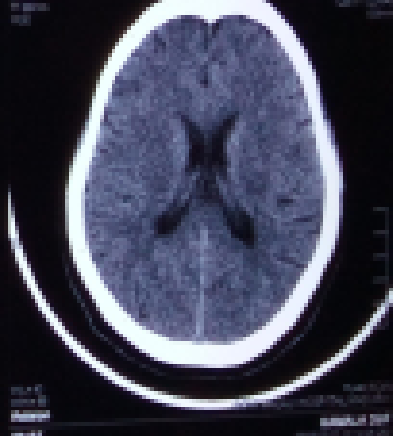
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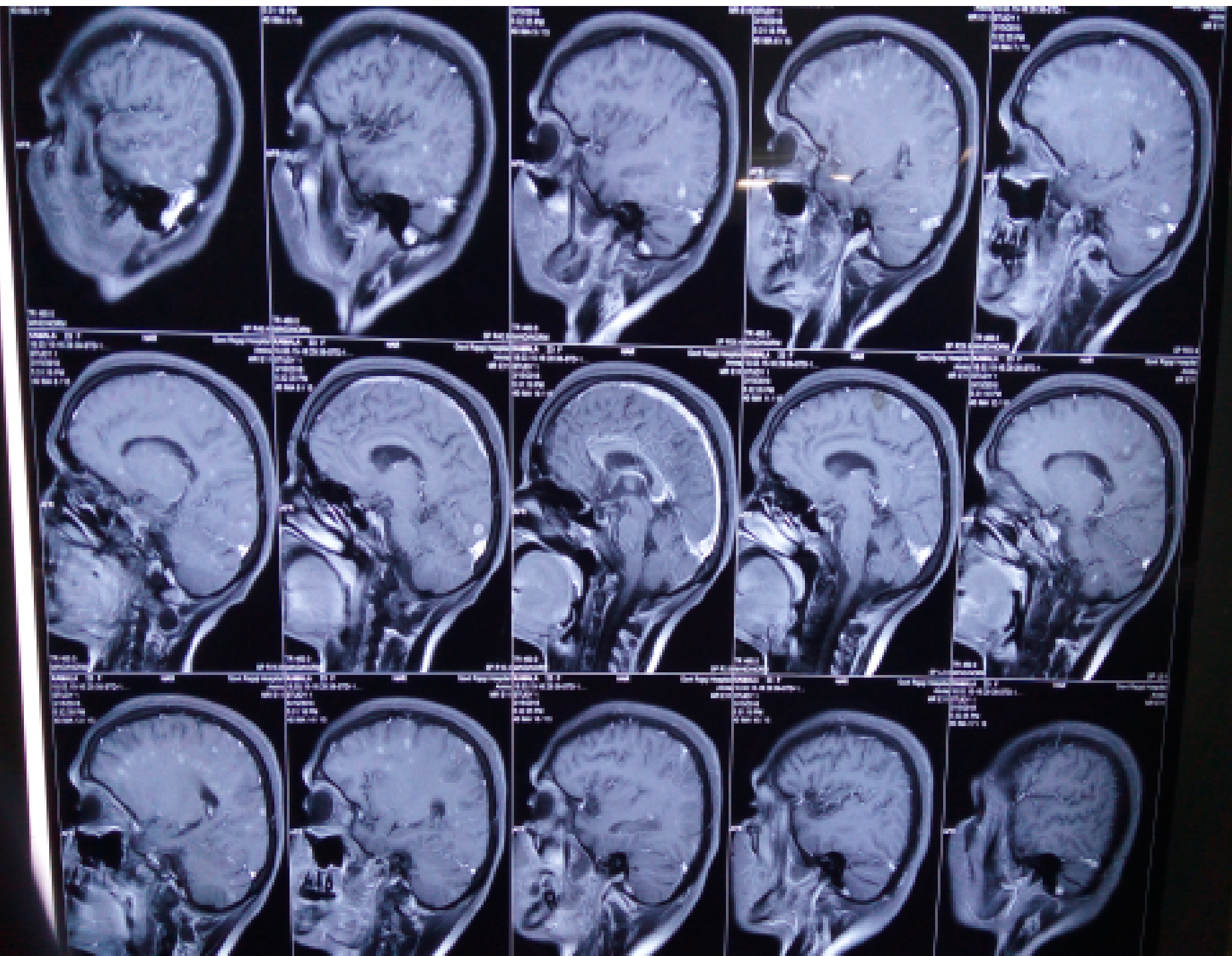
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- CSF ANALYSIS:

sugar: 60

protein : 75

cell count: Total -10

L- 6

P-4

ADA- 20

- Since there was multiple tuberculoma in the brain with B/L chest infiltrates we proceeded with CATEGORY I ATT.

- After 10 days of treating the patient with ATT, the patient improved symptomatically.
- Fever subsided and the patients sensorium improved.
- Palpitation decreased



DISCUSSION:

- Fever+
- Cough with expectoration+
- Altered sensorium+
- A short systolic murmur+
- B/L Papilloedema+
- CXR- Infiltrates+
- Multiple tuberculoma in the brain+
- Echo -An intra-atrial mass+

- Altered sensorium with E/O multiple tuberculoma in the brain
- Cough with expectoration with B/L chest infiltrates
- Fever for past 1 month

ALL THESE FAVOURS TUBERCULOUS
INFECTION

With additional intra atrial mass p/o **ATRIAL
TUBERCULOMA** was considered

AIM IS TO KNOW ABOUT THE DIFFERENTIAL DIAGNOSIS OF INTRA- ATRIAL MASS WITH FEVER

- Infective endocarditis ?
- Atrial myxoma/ Infected Atrial myxoma ?
- Atrial tuberculoma ?

THANK YOU