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CLINICAL IMAGE

CLINICAL IMAGE - 1

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A diabetic male of 65 years, with no other comorbidity, admitted to PMCH medicine department with the complaints of pain and swelling of the right lower limb for 6 days and sudden shortness of breath for 6 hours. The swollen limb was dusky red from below knee. Patient added that he had burning in micturition for 15 days with on and of fever (not recorded). There was no chest pain, orthopnea cough. On query he added the history of left sided nephrolithiasis which was operated 2 years back.

On examination patient was moderately anemic, non-icteric. There were multiple annular scaly patches on his groin and trunk. blood pressure was 110/70 mmHg, heart rate 110 beats/min regular, respiratory rate was 24 breaths per minute, O2 saturation was 90% on room air and 97% with 4L oxygen. no lymphadenopathy. The skin of the right lower limb was dusky red with sharp margin below knee, pitting edema and calf tenderness. Lungs were clear on auscultation. On abdominal examination there was left renal angle tenderness, hepatomegaly without ascites or other organomegaly. His baseline Investigations revealed his hemoglobin to be 8.9 mg/dL, MCV 68.8fL, total count of White cells 12.5 k/µL, ESR 61 mm in 1st hour. Ferritin was low (11.3ng/ml) and D dimer was 3.78 µg/ml. his serum calcium (7.3 mg/dL) and intact PTH (137.20 pg/ml) was also altered. Urine RME revealed mild (+) proteinuria and plenty pus cells. Urine culture yielded significant growth of E.coli (ESBL). Serum creatinine, electrolytes and all liver function was normal. CT angiogram of pulmonary vessels (Fig-1) and duplex of right lower limb (Fig-2A) was done .

Questions

1. What is your clinical diagnosis?
2. What is cause of this clinical scenario?
3. What are plan of management ?

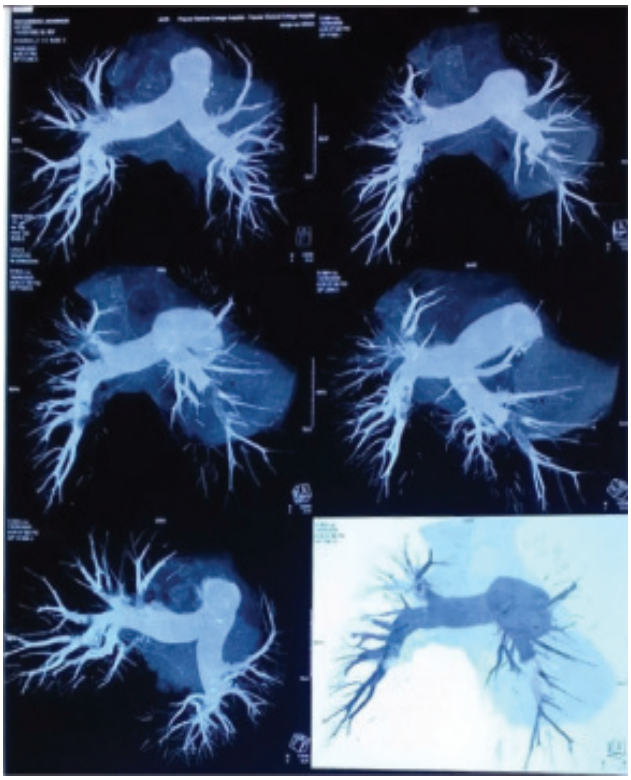

Figure 1: CT pulmonary angiogram showing filling defect in right upper lobar, right lower lobar segmental branches and left lower lobar segmental branches

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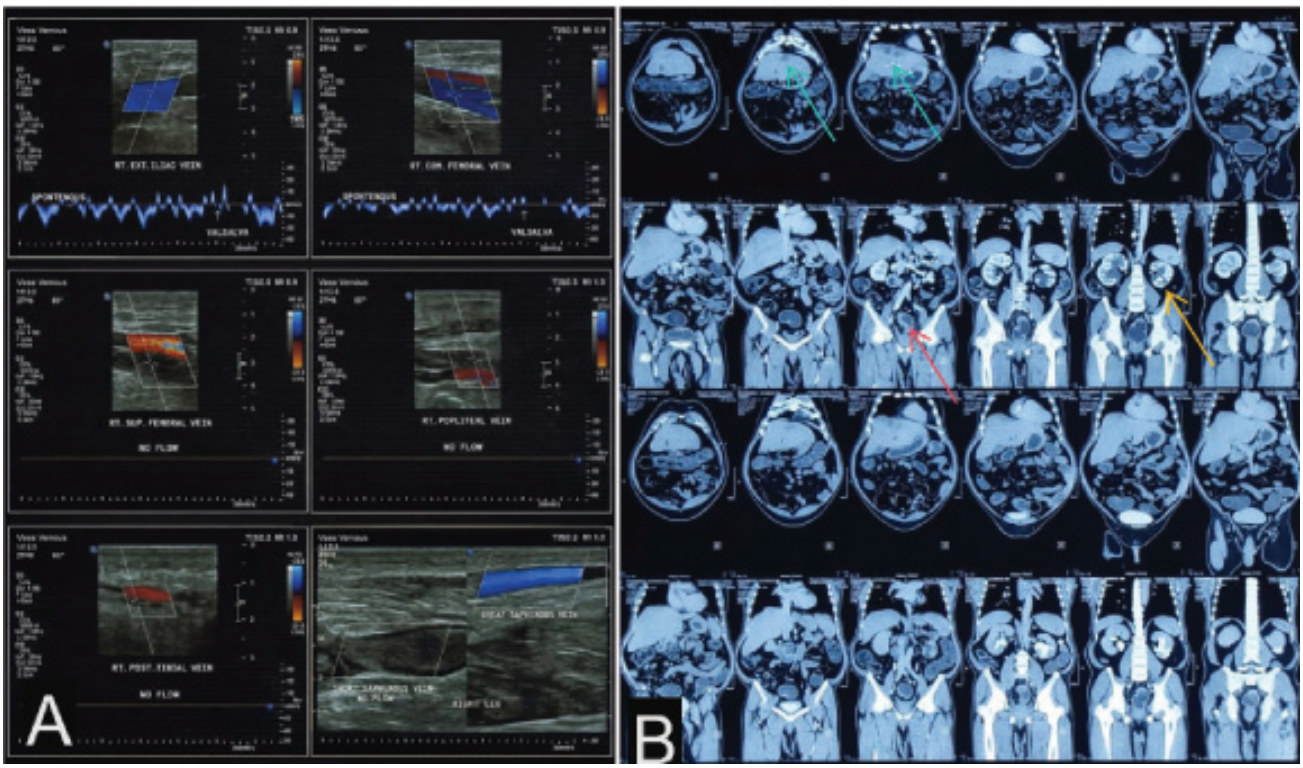

Figure 2: *Panel (A) Duplex study of right lower limb veins showing absence of flow (audible and visible) in the superficial femoral, popliteal, short saphenous and posterior tibial veins. Panel (B): CECT abdomen showing asymmetrical wall thickening noted at 6.7cm long part of upper rectum 9cm proximal to anal verge (red arrow). Note also Multiple space occupying shadow in liver (green arrow) and multiple left renal calculi, largest one at lower polar calyx (yellow arrow).*