



Ministry of Health Emergency Medical Services ECHO Case Presentation Form

Date: 6th may 2022 Presenter's name: Dr. Oriba Dan Langoya Presenter's location, Mulago

Patient Initials, NS DOA; 15th of March, 2022 Patient type: ☒ New case ☐ Follow up

Age: 49 years Sex : ☐ Male ☒ Female Diagnosis (if known): _____

What is your presenting Complaint?

- Progressive Lower limb & abdominal swelling & mild chest pain 2wks
- Difficulty in breathing, confusion for 1day

History of presenting complaint- Duration and Progress

49yr/F with no known chronic illness came as a referral from a Peripheral Clinic.

- History of Progressive Lower Limb swelling and abdominal distension x2/52
- Reported associated effort intolerance/easy fatigability and palpitation 1/52.
Nocturnal Dry cough, history of fevers on & off but no night sweat
- Prior to admission presented with dyspnea, dizziness and confusion associated with reduced urine output x1/52
- Was managed as a case of Complicated malaria prior to Referral

Systems review of the illness.

System	Concern
▪ GIT	History of Epigastric pain but no change in bowel habits. Reported early satiety during the 2/52 wks of sickness. No h/o wt. loss
▪ MSK	No h/o Joint swelling or pain but reported generalized malaise & fatigue 2/52

Significant Medical/Surgical history

- Index admission, HIV negative, no h/o of chronic illness, No h/o of DM/HTN/HepB
- Referral for further mgt. and specialist review & Investigations

Social history and pertinent family history

Work status: Self Employed	Occupation: Market Vendor
Education: Primary	Socio-economic class: Poor
Marital status: <input type="checkbox"/>	Lifestyle habits: Doesn't smoke or take alcohol
Relevant health conditions in the close family members?	
NKFDA	

General Examination Findings

- Patient was ill looking, restless and confused
- G.C.S=14/15 (EO=04, VR=04, MR=06)
- No pallor but has Central and peripheral cyanosis, no finger clubbing
- Spo2- 78% at r.A
- Cold, clammy skin. Temp Grad. Elbow joint proximally & Distally Level of Knee Joint.
- Jugular venous distention 11cmH2O
- Hypotensive Bp- 63/32mmHg, tachycardia of 119bpm regular, very thin and thread pulse
- Muffled heart sounds

Vital Signs;

Blood Pressure, 63/32mmHg Pulse rate, 119bpm SPO2, 78%
 Temperature, _____ Respiratory rate, 24/min Weight, _____ Height, _____

Relevant Systemic Examination

Respiratory system

- Tachypnea with respiration rate 24/min.
- Physical examination showed cyanotic lips,
- Bilateral decreased respiratory sounds with extensively basal crepitation, muffled heart sounds,

obese abdomen, and 1+ pretibial edema.

Central Nervous System

- G.C.S=14/15 (EO=04, VR=04, MR=06)
- Was generally unremarkable except for the confusion

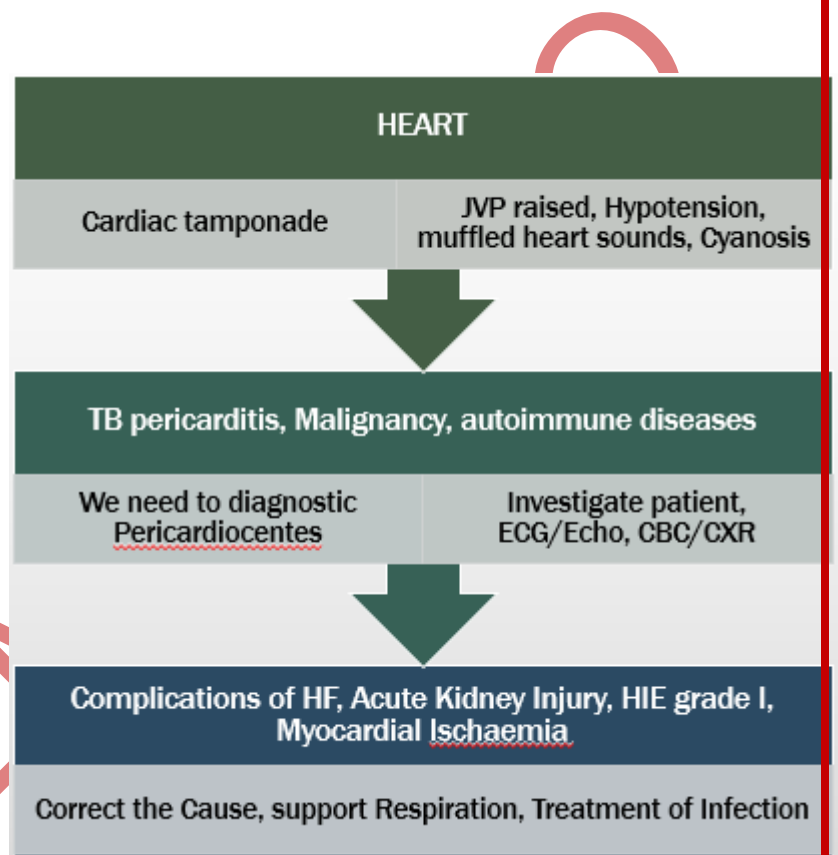
Per Abdomen

- Moderate distension with ascites, RUQ tenderness Liver 3cm BCM.

Differential Diagnoses

4 QUESTIONS

- What is the problem in terms of Anatomy
- Where is the problem in terms of Pathology
- What is the Etiology of the Problem
- What are the complication



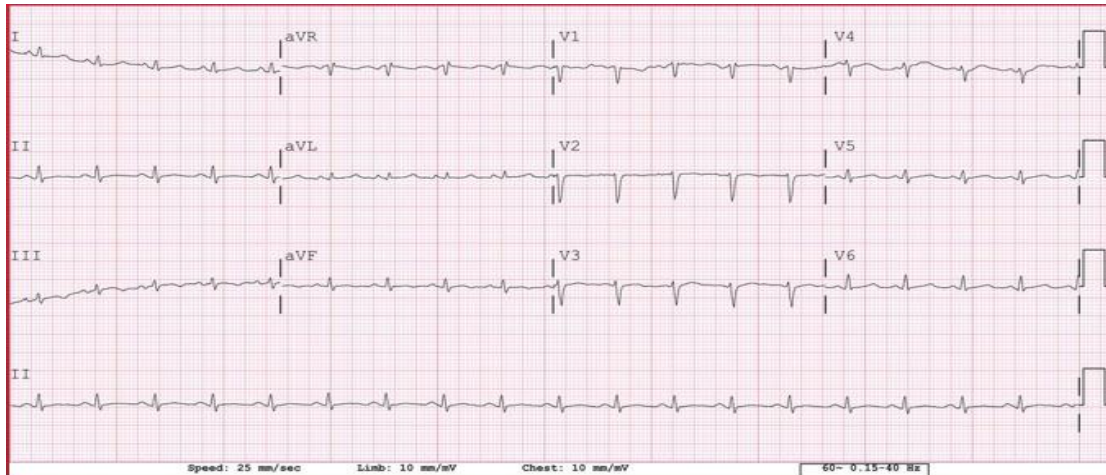
Differential Diagnosis

- Hemodynamically Unstable PE
- Septic Shock
- Acute Coronary Syndrome
- Aortic Dissection
- Pneumonia with Pleural Effusion

Emergency Management

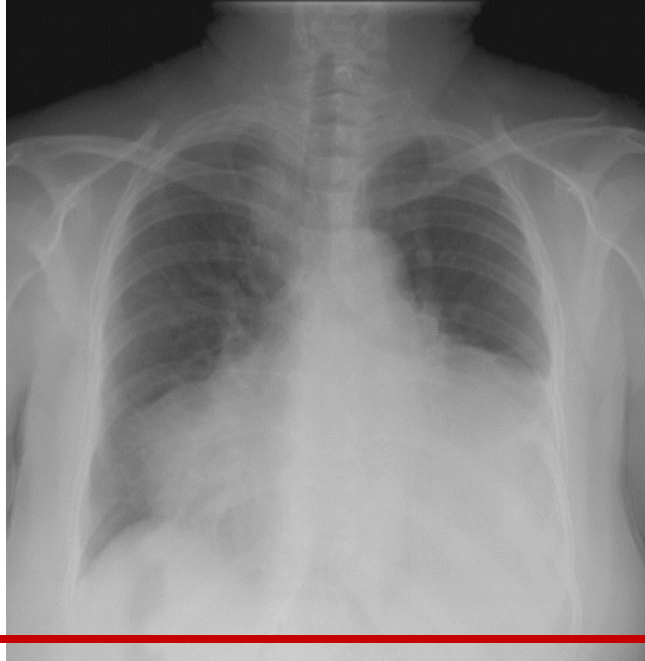
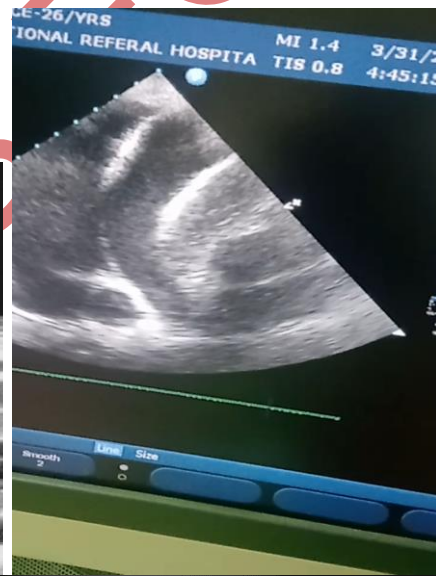
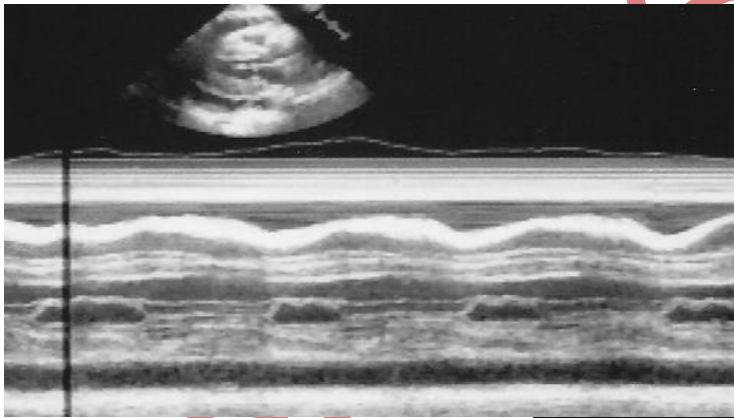
- ✓ Oxygen therapy
- ✓ Intravenous rehydration
- ✓ Labs
- ✓ CBC/BS-MPS/RFTS serum Electrolytes
- ✓ Level three Notified for Diagnostic/therapeutic Cardiac Echo and 12 lead ECG
- ✓ Pericardiocentesis

Focused investigation



12-Lead ECG

Sinus tachycardia, Normal axis, Low voltage QRS complexes



LABS

- CBC was unremarkable
- RFTs Creat 176umol/l, urea 18
- LAM was negative
- Gene-xpert Ultra- No MTB/Rif detected & Pericardial fluid Zn was Negative
- Serum LDH 602U/l
- ESR-64mm/hr
- Pericardial fluid ADA not done due to financial reasons

FOLLOWUP

- After pericardiocentesis, signs of respiratory distress resolved,
- Arterial BP began to increase, & urine output was restored.
- Heart beats decreased to normal levels. From 119bpm to 84bpm
- Started on anti-TBs



Cardiac Tamponade
secondary to TB
pericarditis

Questions and Answers

**"when you hear heart
beats, think horses, not
zebras"**

Occam's Razor Principle.