

Discordant Symptoms Simplified

Kristy T. Duggan, MD

November 2, 2017

ACP – Oregon Chapter Meeting

Salem, OR

ONCE
UPON
A
TIME...





**"I can't
breathe!"**



Over the last week...

Difficulty breathing

Non-productive cough

Happens randomly
(rest/exertion)

Bloating, belching

Can't get air in or out

Worse laying down

Taxing to talk

Worse in her condo

Has had before, but
never this bad

Worse working
with fiber art



Her ROS...

Constitutional: Positive for fatigue and weight gain.

Respiratory: Positive for cough and shortness of breath.

Cardiovascular: Positive for orthopnea, paroxysmal nocturnal dyspnea.

Gastrointestinal: Positive for abdominal pain, diarrhea, flatus.

Musculoskeletal: Positive for joint pain and myalgias.

Skin: Positive for facial rash.

Neurological: Positive for lightheadedness and headaches.

Psychiatric: Positive for anxiety and insomnia.



YIKES!

Historical Context

Past Medical History:

- **Obstructive sleep apnea (uses mouth device)**
- **Paroxysmal SVT s/p remote ablation**
- **Prediabetes**
- **Hyperlipidemia**
- **Thyroid nodules**
- **PTSD (trauma-related deaths of parents & son)**
- **History of smoking (18 pack years)**

Family History:

- **Sister - lung cancer**

Social History:

- **Frequent & recent travel**



Physical Exam

Vital Signs

- Afebrile
- BP 128/78 mm Hg
- HR 77 bpm
- RR 14
- O₂ 98% on RA
- BMI 29

General: alert, cooperative, somewhat uncomfortable appearing

HEENT: normal conjunctivae and anicteric sclerae, oropharynx clear without lesion or exudates and appearance of ears/nose normal without lesions

Neck: IVP not distended, no goiter or thyroid nodules

NORMAL

clubbing or cyanosis, no edema

Skin: skin color, texture, turgor normal. No rashes or lesions

Psych: normal affect, not apparently anxious or depressed, judgment and insight appropriate in context of visit and apparently normal recent and remote memory

So...

now what?

Approach to Dyspnea

Neurological/Psychiatric

- Myasthenia Gravis
- Toxidromes
- Anxiety, Panic attacks

Upper Airway

- Laryngitis/epiglottitis
- Angioedema
- Thyroid disease
- Vocal cord dysfunction

Pulmonary

- Asthma, COPD
- Pneumonia, Pleural Effusion
- Interstitial Lung Disease
- Pulmonary Embolism
- Malignancy

Cardiac

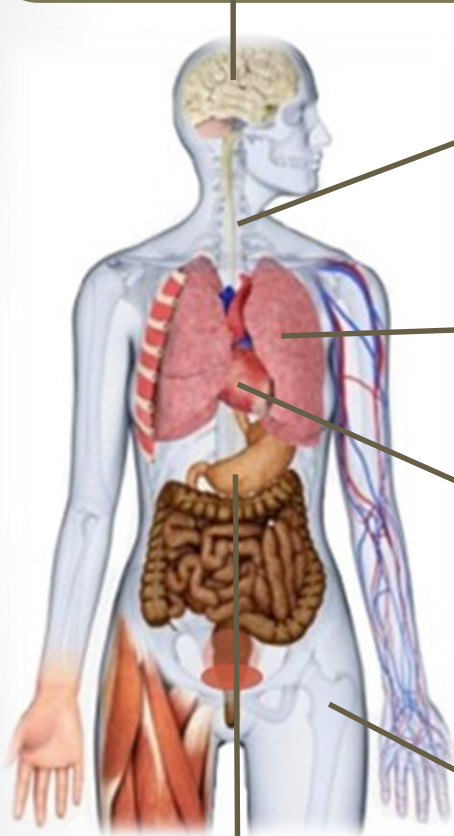
- Coronary artery disease
- Congestive heart failure
- Arrhythmia

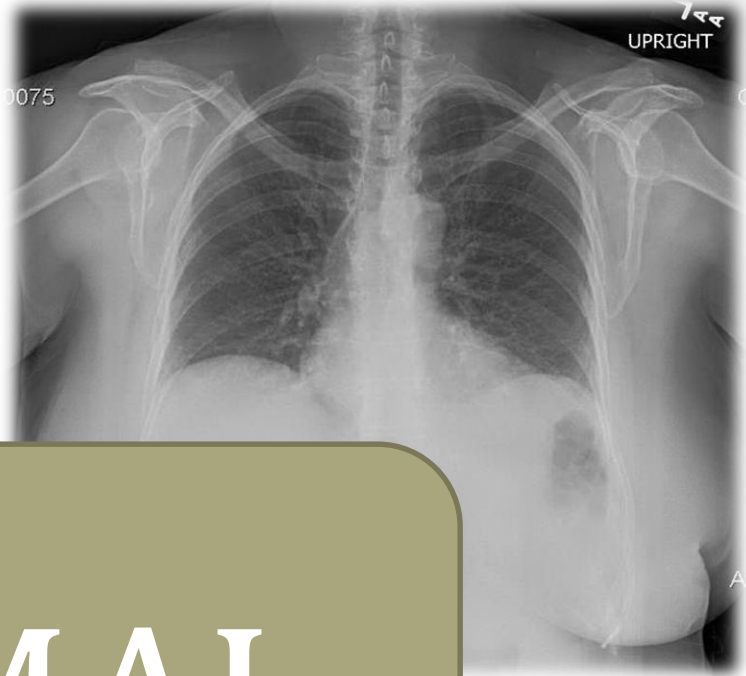
Heme

- Anemia
- CO poisoning
- Methemoglobinemia

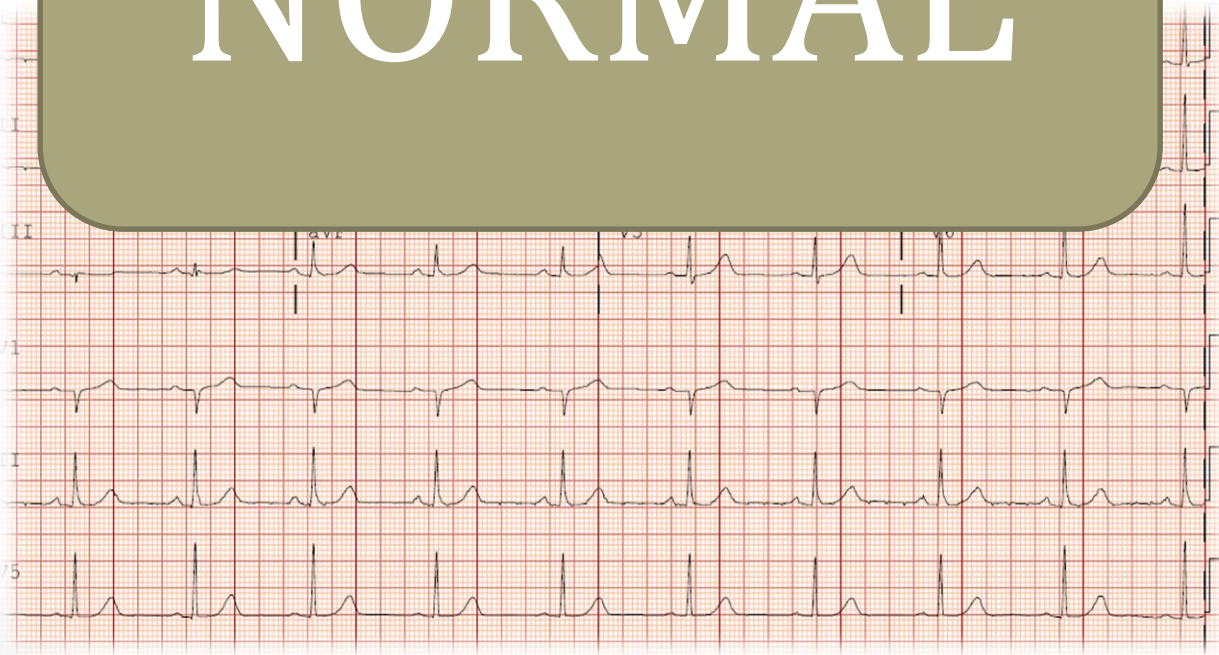
Abdominal

- GERD
- Cirrhosis with ascites





NORMAL



Predicted →

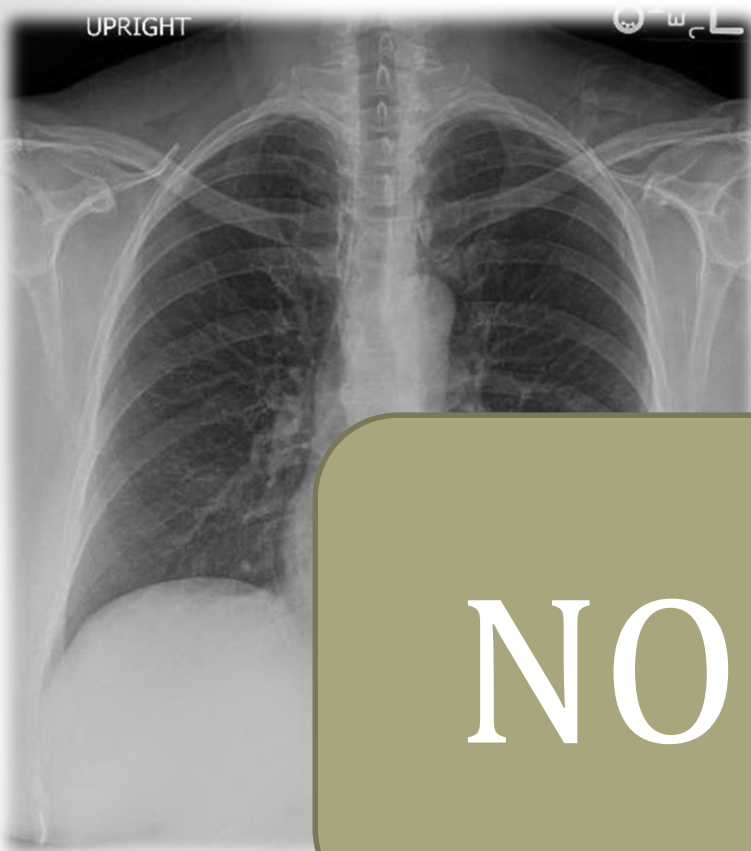
Actual →



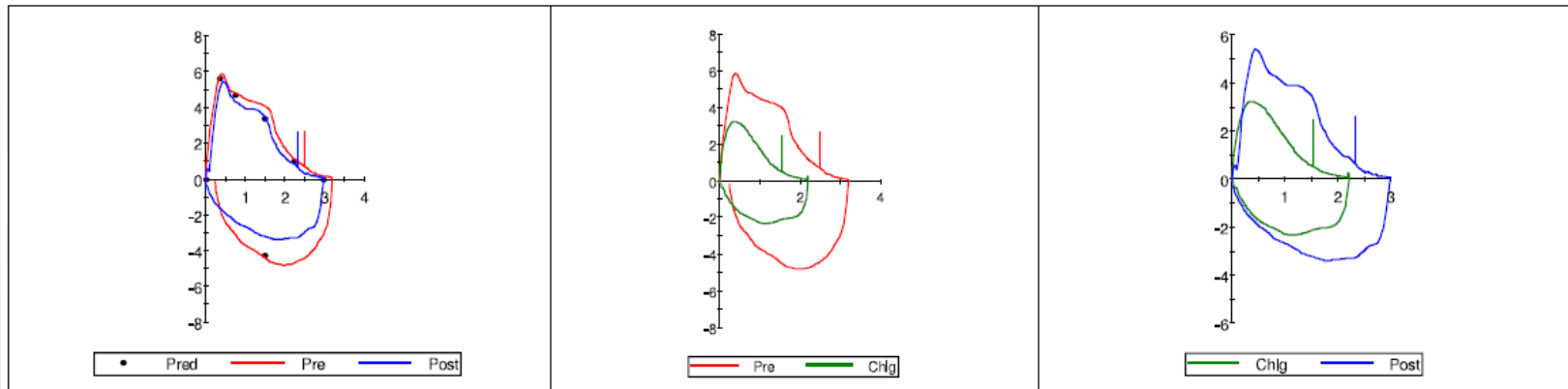


One week later...





NORMAL



“By the way, Doc, I’m
leaving for Uganda
this weekend. I’ll be
gone for a month.”





**KEEP
CALM
AND**

**DON'T FORGET
IT'S URGENT**

Approach to Dyspnea

Neurological/Psychiatric

- Myasthenia Gravis
- Toxidromes
- Anxiety, Panic attacks

Upper Airway

- Laryngitis/epiglottitis
- Angioedema
- ~~Thyroid disease~~
- Vocal cord dysfunction

Pulmonary

- Asthma, COPD
- ~~Pneumonia, Pleural Effusion~~
- ~~Interstitial Lung Disease~~
- ~~Pulmonary Embolism~~
- ~~Malignancy~~

Cardiac

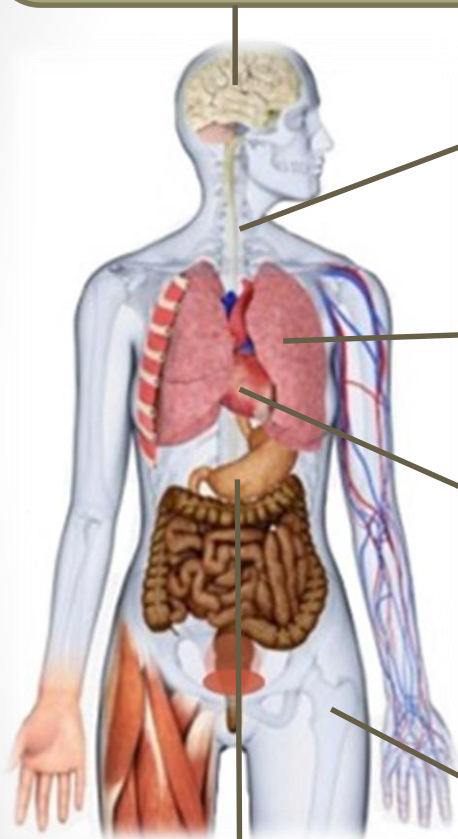
- Coronary artery disease
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- ~~Arrhythmia~~

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- ~~Anemia~~
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Abdominal

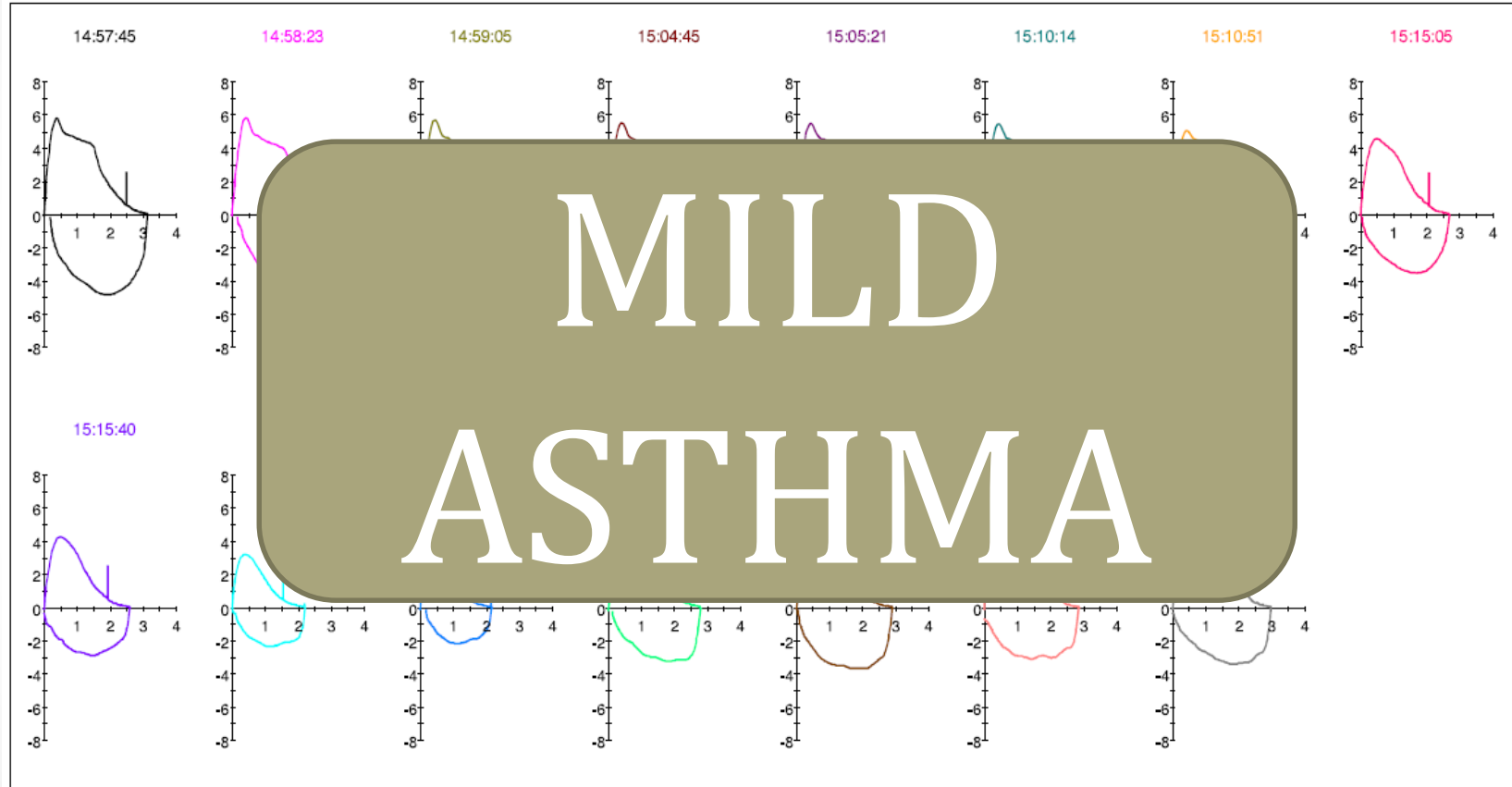
- GERD
- Cirrhosis with ascites





A black and white ultrasound image of a breast. The image shows a large, well-defined, hypoechoic (dark) mass in the upper half, which is likely a normal fibroadipous tissue. The lower half shows a more heterogeneous, echogenic (lighter) area, possibly representing normal glandular tissue. The overall appearance is consistent with a normal breast ultrasound.

NORMAL





January 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 <small>New Year's Day</small>	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 <small>Martin Luther King Jr. Day</small>	17	18	19	20	21
22	23	24	25	26	27	28 <small>January 28th</small>
29	30	31				

December 2016

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

www.AustralianCalendar.com • www.Christianity.com

www.FrostVariable.net

March 2017

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				





Neurological/Psychiatric

- Myasthenia Gravis
- Toxidromes
- Anxiety, Panic attacks

Upper Airway

- Laryngitis/epiglottitis
- Angioedema
- ~~Thyroid disease~~
- Vocal cord dysfunction

Approach to Dyspnea

Pulmonary

- Asthma/COPD
- Pneumonia/Pleural Effusion
- Interstitial Lung Disease
- Pulmonary Embolism
- Malignancy

Cardiac

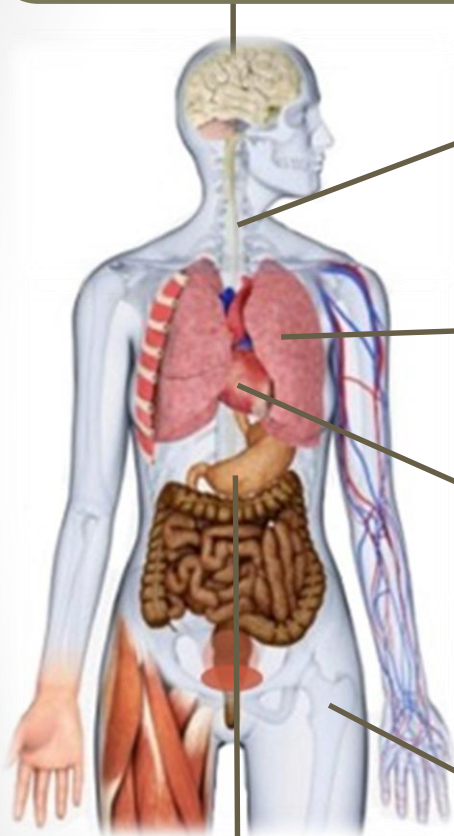
- Acute coronary syndrome
- Congestive heart failure
- Arrhythmia

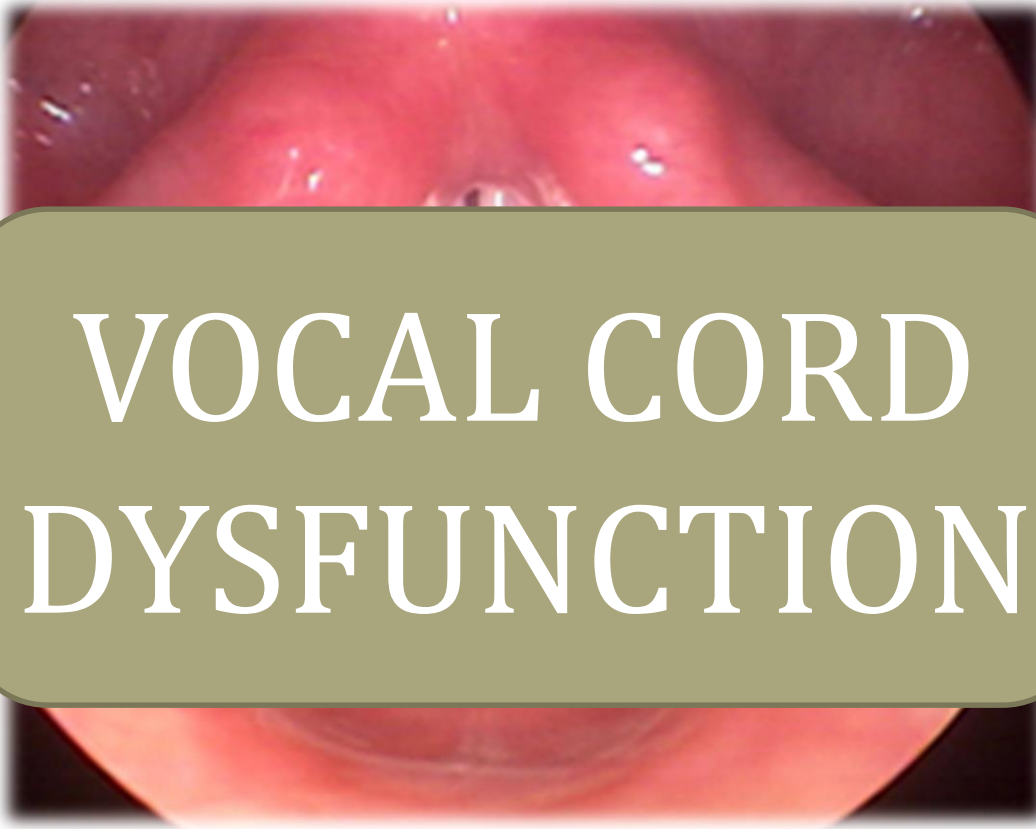
Abdominal

- GERD
- Cirrhosis with ascites

Hematologic

- Erythropoietin deficiency
- Hemolytic anemia
- Myeloid leukemia

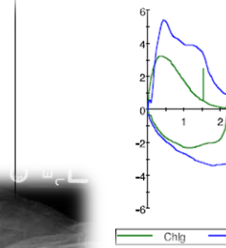
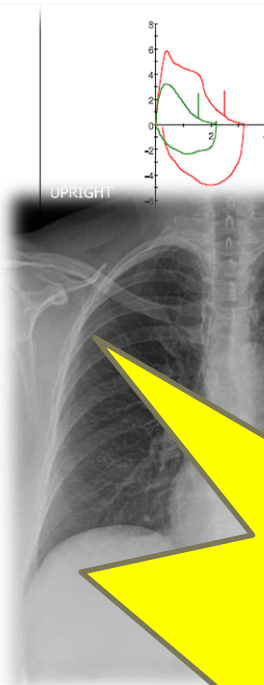
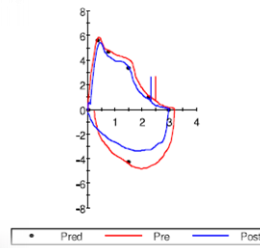




VOCAL CORD DYSFUNCTION

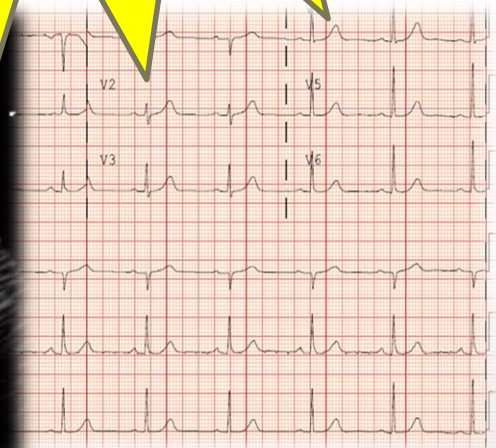
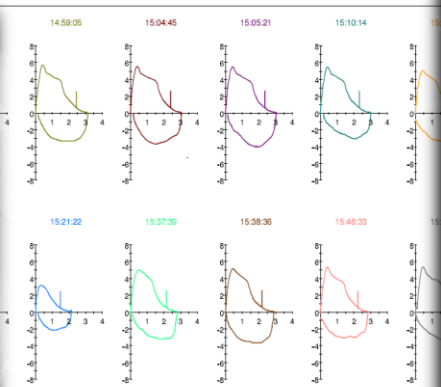






- \$ Extensive lab testing
- \$ Chest X-ray x2
- \$ EKG
- \$ Peak flow meter
- \$ Thyroid ultrasound
- \$ Pulmonary function tests x2
- \$ Stress echocardiogram

\$5698!







What's in a name?

Vocal cord dysfunction

**Paradoxical vocal
fold motion**

Functional upper airway obstruction

**Paradoxical vocal
cord movement**

Functional laryngeal stridor

**Munchhausen's
stridor**

Psychogenic stridor

**Inducible laryngeal
obstruction**

Episodic laryngeal dyskinesia

**Episodic paroxysmal
laryngospasm**

Irritable larynx syndrome

Munchausen's stridor: non-organic laryngeal obstruction

ROY PATTERSON, MICHAEL SCHATZ *and* MARK HORTON

*The Section of Allergy and Immunology, Department of Medicine,
Northwestern University Medical School, McGaw Medical Center,
Chicago, Illinois*

Summary

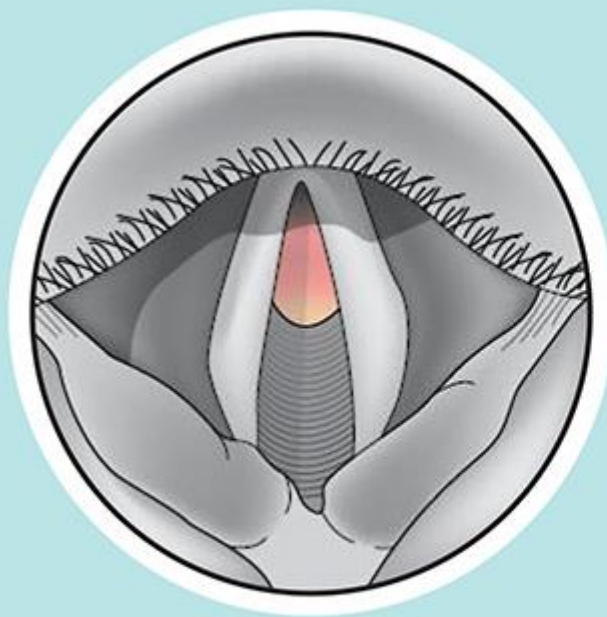
A patient had at least 15 hospital admissions for symptoms of acute dyspnoea accompanied by loud stridorous sounds. These episodes had been diagnosed as acute airway obstruction and she was treated on all occasions on an emergency basis. In the absence of a definitive etiology and with other clues, it was then recognized that the patient was imitating the clinical appearance of laryngeal obstruction. Following the establishment of this, psychiatric care was initiated with the goal of rehabilitation of the patient, and there have been no further episodes to the present time.

Introduction

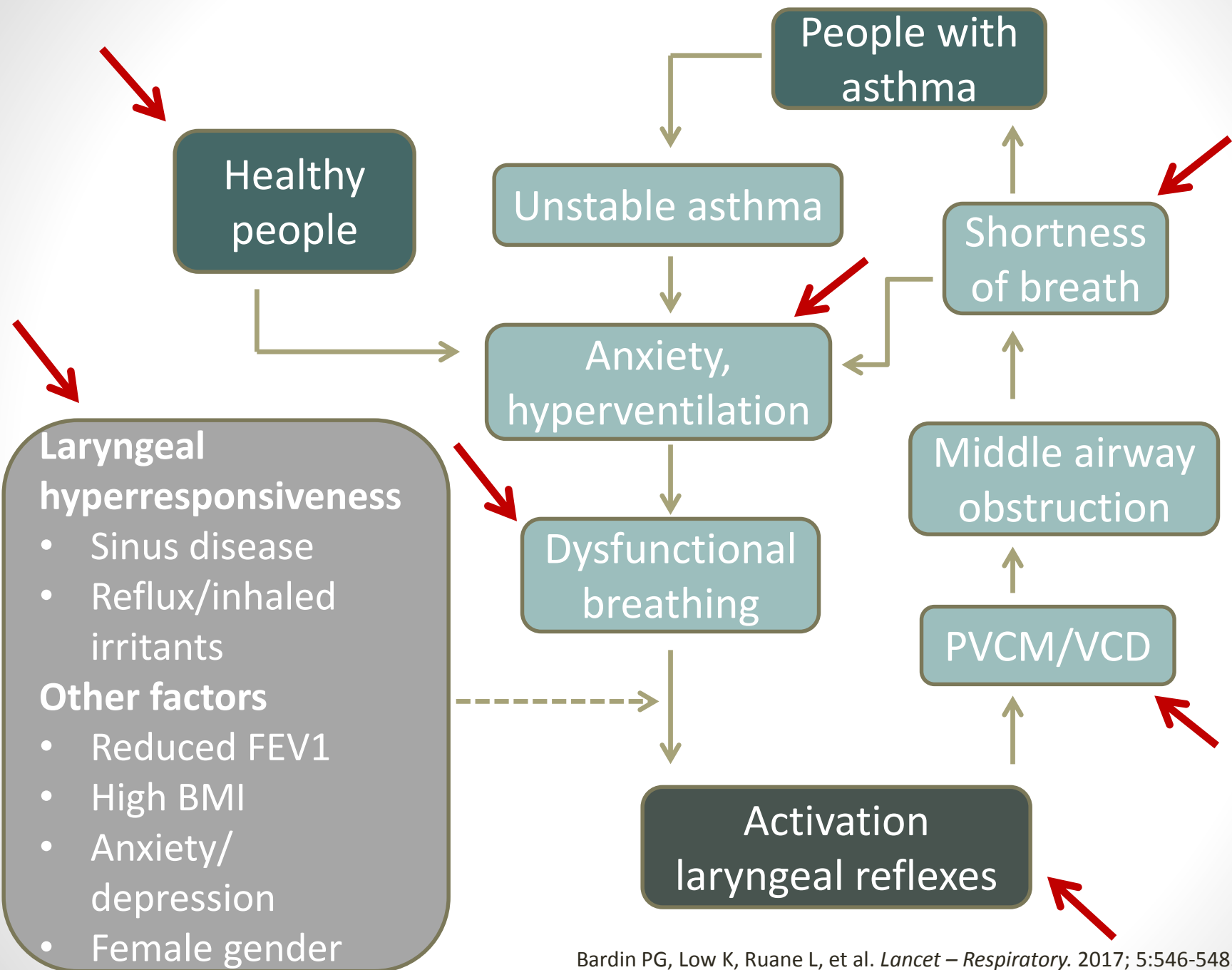
Although there are a variety of causes of acute or chronic upper airway obstruction (Table 1), the causes of acute intermittent obstruction of the upper airway are more limited and include allergic reactions, hereditary angioedema, recurrent infections, ball valve tumours and laryngeal spasm. These episodes may constitute life-threatening emergencies requiring the most immediate medical or surgical treatment to prevent anoxia and death. This report describes a patient who was able to imitate acute upper airway obstruction to the extent that physicians seeing her on at least an initial visit would always interpret her symptoms as organic obstruction and initiate emergency medical therapy. The symptoms in this case were demonstrated to be not on an organic basis and were either factitious or a conversion neurosis.



**KEEP
CALM
IT'S NOT
YOUR
FAULT**



A Normal vocal cords at mid-inspiration





VCD

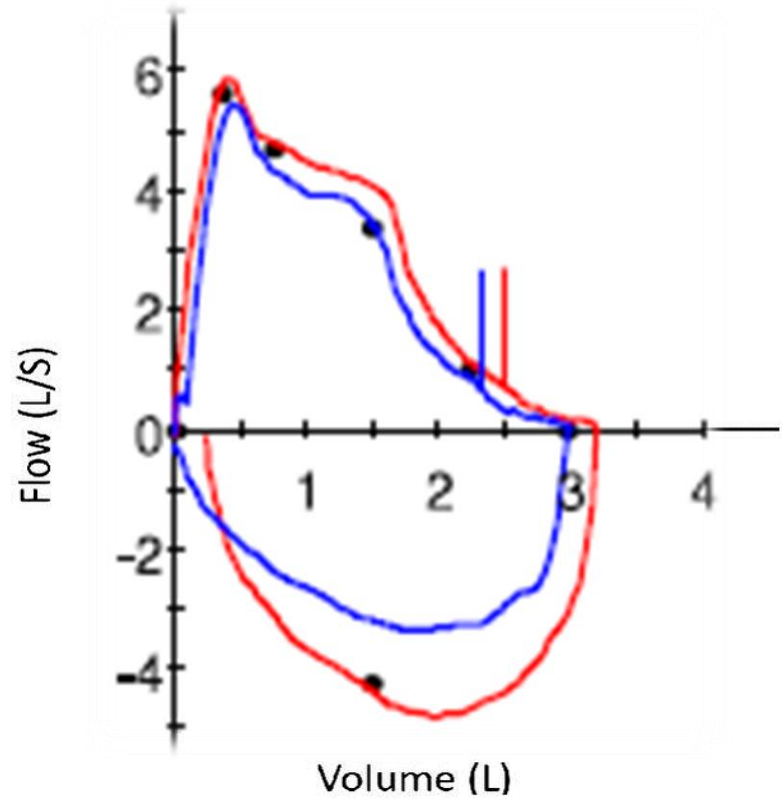
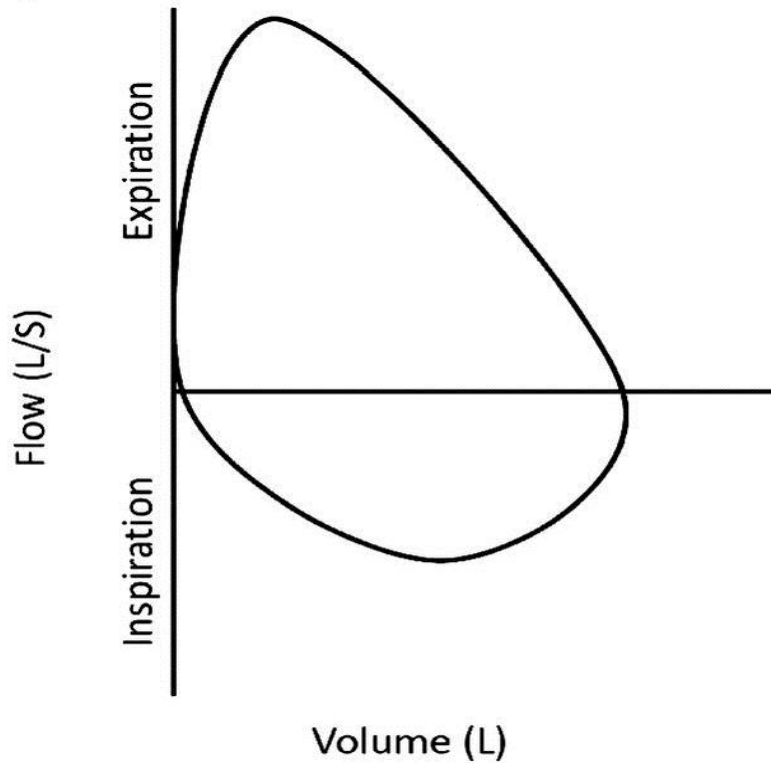
Illness Script



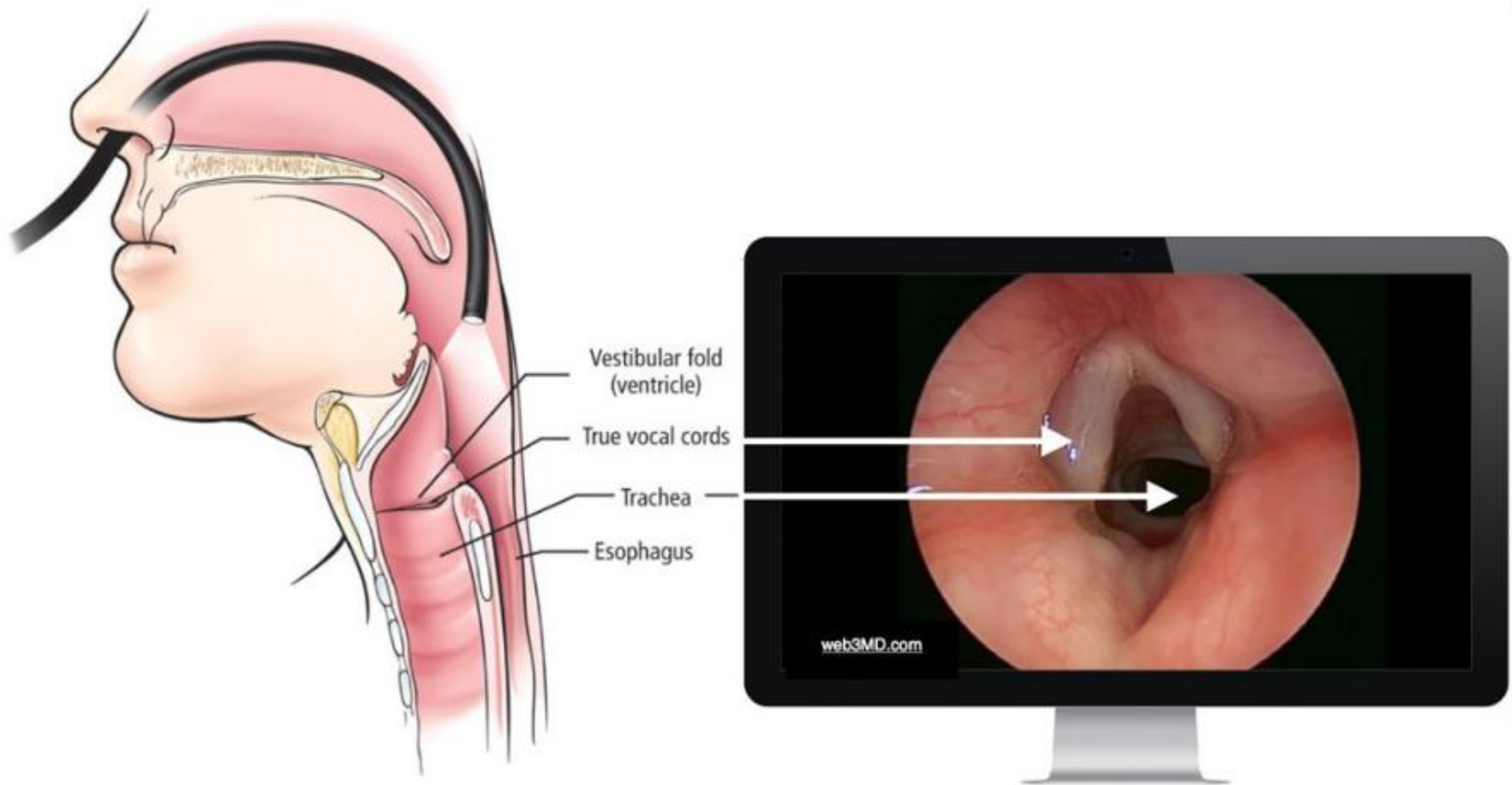
A **young woman** with a history of **anxiety** presents with **acute episodic** dyspnea of **short duration** amongst **discordant symptoms** including dysphonia and bloating, found to have **normal vital signs and exam.**

Dyspnea out of proportion to exam?

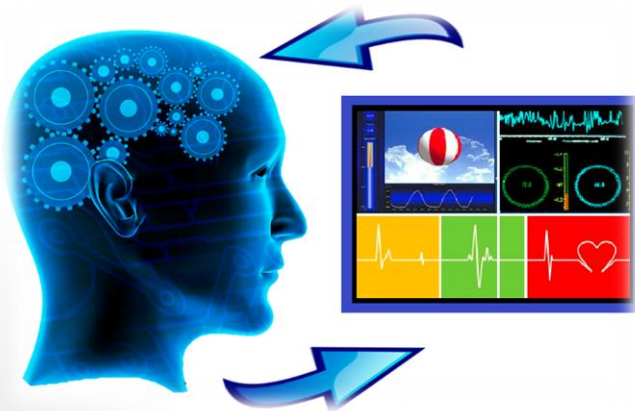
Diagnostic Testing



Flexible Fiberoptic Laryngoscopy



Management



... AND SHE
LIVED HAPPILY
EVER AFTER

Final Thoughts



- Heightened awareness and diagnostic accuracy



- Fewer invasive diagnostic & therapeutic interventions



- Cost conscious care

DisCORDant Symptoms Simplified

Questions?

References

- Bardin PG, Low K, Ruane L, et al. Controversies and conundrums in vocal cord dysfunction. *Lancet – Respiratory*. 2017; 5:546-548.
- Christopher KL, Wood RP, Eckert RC, et al. Vocal cord dysfunction presenting as asthma. *N Engl J Med* 1983; 308: 1566–1570.
- Kenn K and Balkissoon R. Vocal cord dysfunction: what do we know? *Eur Respir J*. 2011; 37:194-200.
- Newman KB, Mason UG, Schmaling KB. Clinical features of vocal cord dysfunction. *Am J Respir Crit Care Med* 1995; 152: 1382–1386.
- Patterson R, Schatz M, Horton M. Munchhausen's stridor: nonorganic laryngeal obstruction. *Clin Allergy*. 1974; 4:307-310.
- Vocal cord dysfunction or inducible laryngeal obstruction: whatever it is, it exists. *Lancet – Respiratory*. 2017; 5:8 -548.

1. General visualization
2. “EEE”
3. Quiet breathing
4. Forced vital capacity maneuver

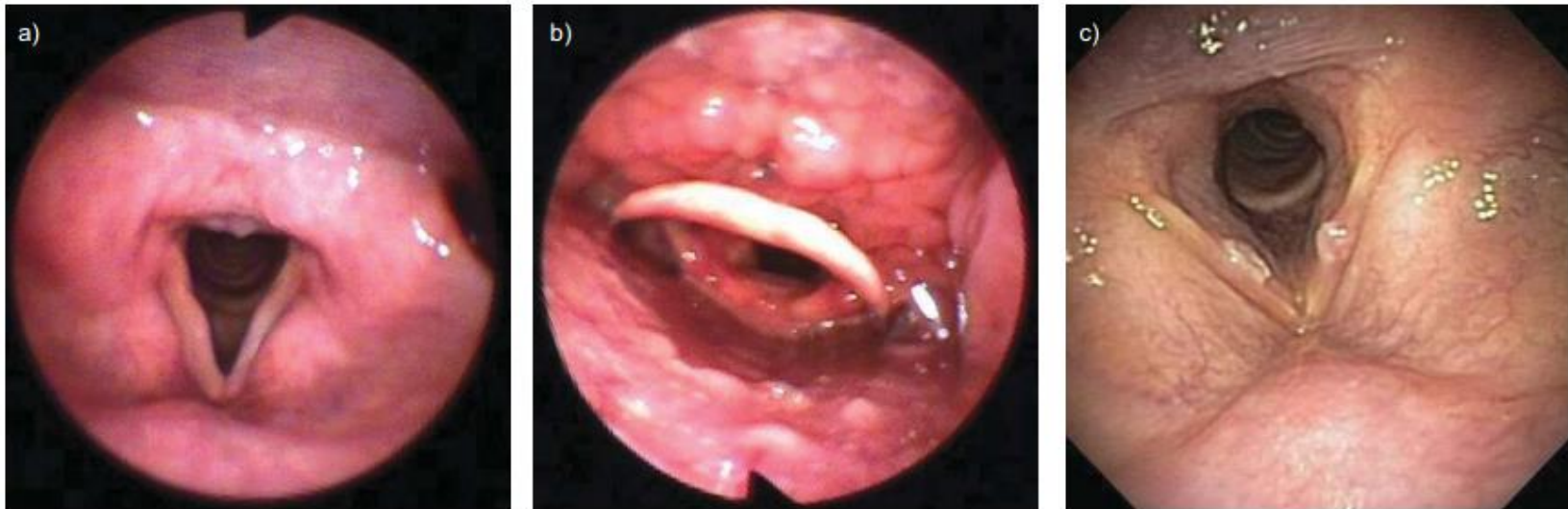
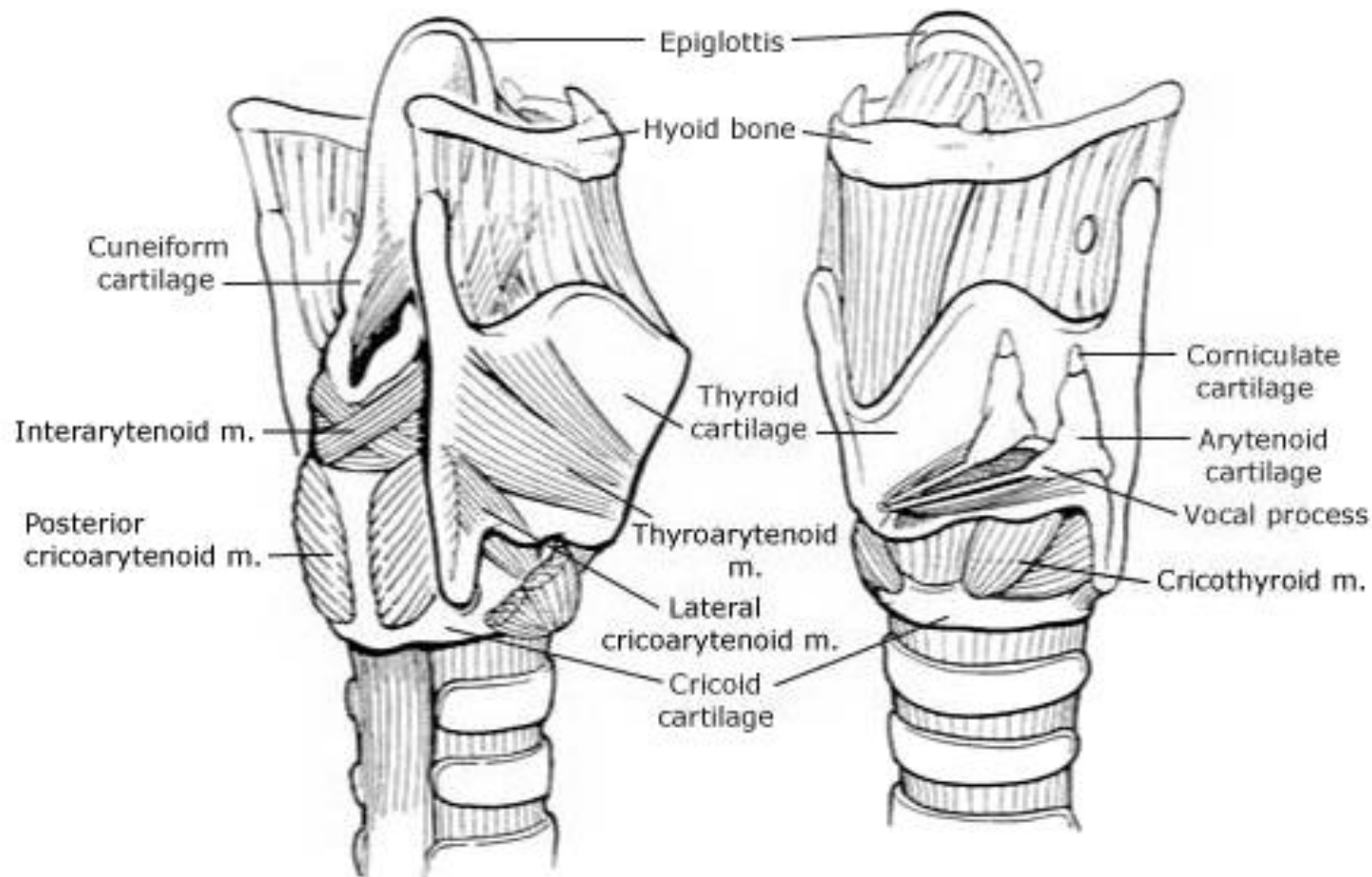


FIGURE 5. Characteristic features of laryngopharyngeal reflux: a) aryepiglottic fold swelling and posterior commissure thickening (pachyderma); b) posterior pharyngeal wall cobblestoning; and c) vocal fold nodules.

Intrinsic laryngeal musculature with relative positions of the thyroid, cricoid, and arytenoid cartilages



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