1904 So the Patient Has Eosinophilia: What Next?

CASE REPORT

CC: Shortness of breath and chest pain

HPI: Very pleasant, 43-year-old white male from MN. He presented to the ER asking for help with new onset shortness of breath and precordial chest pain. CT chest performed elsewhere showed bilateral pleural infusions. He was also told he has an infection around his heart. He was started on antibiotics and sent home. Symptoms improved for a day then recurred. Second ER visit CXR showed enlarged heart. He was transferred to our ER.

PMH: Healthy

SH: Travels to South America frequently for work

FH: Non contributory

Medications: None

Exam: Dullness in the lung basis bilaterally. No wheezing or rhonchi.

What tests would you order?

Blood tests for what?

Repeat CXR

CT chest and abdomen

Pleural and peritoneal effusions

ECHO

Stool samples

Results

1. ECHO Performed in Emergency Room
2. Large circumferential pericardial effusion.
3. Doppler suggests tamponade physiology
4. Normal left ventricular chamber size.
5. Normal global left ventricular wall thickness.
7. Estimated left ventricular ejection fraction; 60 %.

Pericardiocentesis: 600 mL, >1,000 cells/mL 18% eosinophils
Blood tests below