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Clinical Image

A 32 Year old Female with Recurrent Chest Infections with Dizziness

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Abstract:

Atrial Septal Defect (ASD) is associated with repeated chest infections. Repeated chest infections, in turn, can lead to bronchiectasis and vice versa. In this case a 32 year old female presented to us with repeated chest infections. Upon thorough examination and investigation, she was found to have both ASD along with bronchiectasis. It also shows the devastating consequences of having two serious illnesses can have on a patients life, specially in low income groups.

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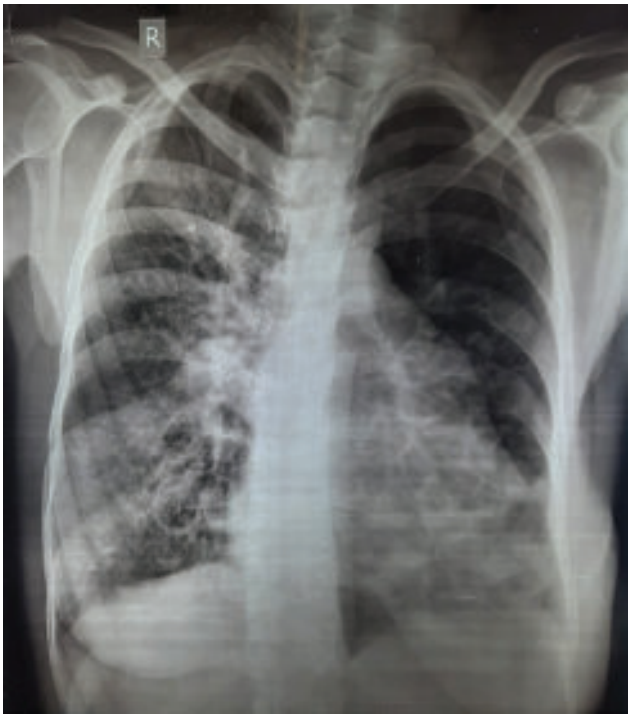
Mrs. X, a 32 year old female, hailing from Bhola, Bangladesh, a housewife with 1 children was admitted into Dhaka Medical College Hospital with the complaints of high grade fever for 7 days, cough with copious sputum production as well as blood streaking of sputum and disorientation for 3 days. Patient's husband complained that the patient had been having such episodes for the last 7 years and such events have increased both in frequency and severity over the last 2 years. He also noticed that ever since their marriage 14 years back she has had chest pain, palpitation as well dizzy spells specially after heavy work. They did not take any expert consult and used to take antibiotics from the local pharmacies. On examination patient was ill looking, GCS-13/15, cyanosed, respiratory rate was 28 breaths/minute with clubbing in both hands as well as bipedal oedema. Respiratory system examination revealed presence of Bi-basal coarse crackles in both lung fields that altered with cough. Flapping tremor was present suggestive of the presence of Type II Respiratory Failure. However, on CVS examination there was presence Pulmonary Hypertension as evidenced by Left Parasternal Heave, palpable P2 and Atrial Septal Defect as evidenced by the presence wide, fixed, Splitting of the second heart sound. Patient was investigated thoroughly. CBC revealed the presence of Neutrophilic leucocytosis. Chest Xray done showed-Cardiomegaly in a RV pattern as well gross bulging of the pulmonary conus and multiple cystic ring shadows with fluid levels in many of the cystic cavities, suggesting extensive bilateral bronchiectasis with pulmonary hypertension.



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Echocardiography revealed Atrial Septal Defect (Secundum variety) with a PASP of 76 mm Hg indicating Severe Pulmonary Hypertension. As the patient's condition deteriorated, she was referred to Intensive Care Unit as well CT chest was scheduled. Patient's husband refused further treatment citing financial reasons and ultimately patient was lost to follow up. In this case , the cause of bronchiectasis could not be properly evaluated due to socio-economic circumstances. Atrial Septal Defect has long been known to predispose to recurrent chest infections.[1] On a similar note , recurrent chest infections has long been seen as both cause and complication of bronchiectasis.[2,3] This case highlights the devastating effect these two diseases can have when they occur on the same patient.[4]

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