

HISTORY OF PRESENT ILLNESS: , This is a 43-year-old black man with no apparent past medical history who presented to the emergency room with the chief complaint of weakness, malaise and dyspnea on exertion for approximately one month. The patient also reports a 15-pound weight loss. He denies fever, chills and sweats. He denies cough and diarrhea. He has mild anorexia.,PAST MEDICAL HISTORY:, Essentially unremarkable except for chest wall cysts which apparently have been biopsied by a dermatologist in the past, and he was given a benign diagnosis. He had a recent PPD which was negative in August 1994.,MEDICATIONS: , None.,ALLERGIES: , No known drug allergies.,SOCIAL HISTORY: , He occasionally drinks and is a nonsmoker. The patient participated in homosexual activity in Haiti during 1982 which he described as ""very active."" Denies intravenous drug use. The patient is currently employed.,FAMILY HISTORY:, Unremarkable.,PHYSICAL EXAMINATION:,GENERAL: This is a thin, black cachectic man speaking in full sentences with oxygen.,VITAL SIGNS: Blood pressure 96/56, heart rate 120. No change with orthostatics. Temperature 101.6 degrees Fahrenheit. Respirations 30.,HEENT: Funduscopic examination normal. He has oral thrush.,LYMPH: He has marked adenopathy including right bilateral epitrochlear and posterior cervical nodes.,NECK: No goiter, no jugular venous distention.,CHEST: Bilateral basilar crackles, and egophony at the right and left middle lung fields.,HEART: Regular rate and rhythm, no murmur, rub or gallop.,ABDOMEN: Soft and

nontender., GENITOURINARY: Normal., RECTAL:
Unremarkable., SKIN: The patient has multiple, subcutaneous
mobile nodules on the chest wall that are nontender. He has
very pale palms., LABORATORY AND X-RAY DATA: ,
Sodium 133, potassium 5.3, BUN 29, creatinine 1.8.
Hemoglobin 14, white count 7100, platelet count 515. Total
protein 10, albumin 3.1, AST 131, ALT 31. Urinalysis shows
1+ protein, trace blood. Total bilirubin 2.4, direct bilirubin 0.1.
Arterial blood gases: pH 7.46, pCO₂ 32, pO₂ 46 on room air.
Electrocardiogram shows normal sinus rhythm. Chest x-ray
shows bilateral alveolar and interstitial
infiltrates., IMPRESSION:, 1. Bilateral pneumonia; suspect
atypical pneumonia, rule out *Pneumocystis carinii* pneumonia
and tuberculosis., 2. Thrush., 3. Elevated unconjugated
bilirubins., 4. Hepatitis., 5. Elevated globulin fraction., 6. Renal
insufficiency., 7. Subcutaneous nodules., 8. Risky sexual
behavior in 1982 in Haiti., PLAN:, 1. Induced sputum, rule out
Pneumocystis carinii pneumonia and tuberculosis., 2. Begin
intravenous Bactrim and erythromycin., 3. Begin
prednisone., 4. Oxygen., 5. Nystatin swish and swallow., 6.
Dermatologic biopsy of lesions., 7. Check HIV and RPR., 8.
Administer Pneumovax, tetanus shot and Heptavax if
indicated.