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CTMC

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3/31/2001 12:00:00 AM

Discharge Summary

Signed

DIS

Admission Date :

03/31/2001

Report Status :

Signed

Discharge Date :

PRINCIPAL DIAGNOSIS :

MYASTHENIA GRAVIS .

SECONDARY DIAGNOSES :

1. HYPOTHYROIDISM .
2. HISTORY OF THYMOMA , STATUS POST RESECTION .
3. HYPERTENSION .
4. HISTORY OF COLON CANCER , STATUS POST RESECTION .
5. BENIGN PROSTATIC HYPERTROPHY .
6. HYDROCELE .

OPERATIONS AND PROCEDURES :

ECHOCARDIOGRAM , CARDIAC CATHETERIZATION , EMG , CT SCAN OF THE CHEST .

MEDICATIONS :

Aspirin 325 q.d. ; albuterol nebs 2.5 mg q. 4h ; Colace 100 mg b.i.d. ; heparin 5,000 units subcu b.i.d. ; Synthroid 200 mcg q.d. ; Ocean Spray 2 sprays q. i.d. ; simvastatin 10 mg q. h.s. ; Flovent 220 mcg 2 puffs b.i.d. ; Zantac 150 b.i.d. ; nystatin ointment to the gluteal fold b.i.d. ; Lisinopril 20 mg q.d. ; Mestinon controlled release 180 q. h.s. ; Mestinon 30 mg q. 4h while awake ; prednisone 60 mg p.o. q. IM ; Atrovent nebs 0.5 mg q. i.d.

DIET :

No restrictions .

ACTIVITY :

As tolerated .

HOSPITAL COURSE :

This is a 72-year-old male with a history of thymoma resected in 1996 , chronic obstructive pulmonary disease , hypothyroidism who was transferred from Gobay Hos Memorial Hospital for an myocardial infarction and cardiac catheterization . The patient developed shortness of breath at home and the EMTs were called and the patient was found to be in respiratory distress .

He was transferred to Gobay Hos Memorial Hospital where chest x-ray showed left lower lobe infiltrate and cardiac enzymes were elevated with a CK of 297 , MB fraction of 38 and troponin of 12 .

The patient was transferred to the medicine service at the Retelk County Medical Center and underwent cardiac catheterization which was negative for disease .

He continued to complain of shortness of breath with an episode of respiratory failure in the hospital requiring 100% nonrebreather .

Neurology was consulted for difficulty lifting his arms .

On consultation the patient admitted to dysphasia and periods of diplopia in the past .

The patient was found to have weakness in the proximal muscles as well as the capability of the muscles .

He was started on IV ig and IV Solu-Medrol for a diagnosis of myasthenia gravis given his past history of thymoma .

He markedly improved after a dose of Mestinon .

He completed a five-day course of IV ig .

His work up included acetylcholine esterase , receptor antibodies , thyroglobulin antibody is pending .

An ANA and rheumatoid factor were negative .

Sed rate was 58 and repeat 75 .

EMG studies were performed , the result is pending at the time of this dictation

.
He also had a repeat chest CT which showed a question of recurrence of the thymoma .

Thoracic Surgery was consulted and recommended repeating the CT scan in six weeks as an outpatient .

This could represent either recurrence of scar tissue .

The patient was tapered to p.o. prednisone and tolerated Mestinon 30 mg q. 4h with 180 mg longacting at bedtime .

Dictated By :

THYRNCINDE BOTH , M.D. VZ84

Attending :

LENNI E. STENT , M.D. UQ5 MX420/8849

Batch :

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Index No. EJDFG7458J

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