Patient #251

Chief Complaint: This 44 year old black male presented with swelling of his arms and legs for 3 months.

History of Present Illness: He had a 14 year history of intravenous drug abuse, having used IV heroin and cocaine until 6 months prior to admission. Three months prior to admission, he developed swelling of his hands, arms, legs, and genitalia. He noticed dyspnea on exertion after half a block, but denied orthopnea, paroxysmal nocturnal dyspnea, or chest pain. He also denied rash, joint pain, hematuria, or change in urinary volume. He reported gaining 20 pounds over the past 6 months.

Past Medical History: Two years prior to admission, he was found to have an abnormal chest x-ray. A lung biopsy showed pulmonary fibrosis. There was no history of exposure to tuberculosis. There was no history of hypertension, heart disease, liver disease, or kidney disease.

Medications/Allergies: none.

Social History: He has worked for 16 years as a sand blaster and brass polisher. He drank alcohol heavily until 9 years prior to admission.

Physical Examination: Grossly edematous black male in no acute distress. BP 130/80; pulse 86; respirations 20; Temp 98.6^{o}F (37^{o}C).

The head was normocephalic and atraumatic. The conjunctivae were pink. The sclerae were non-icteric. The pupils were equal, round, and reactive to light and accommodation. There was a yellow plaque on the tongue. The neck was supple, without jugular venous distention or thyromegaly. The carotid upstrokes were normal. There was no lymphadenopathy. The lungs showed percussion dullness and decreased breath sounds at the right base, with rales above the area of dullness. Cardiac examination revealed normal S_1 and S_2, without S_3 or S_4 gallop. There was a II/VI systolic ejection murmur at the apex. The abdomen was soft, with normoactive bowel sounds. The liver was 16 cm in the midclavicular line, and extended 4 cm below the right costal margin. The spleen was not palpable. Rectal examination was normal. Genital examination revealed penile and scrotal edema. The lower extremities showed 4+ edema to the hip; the upper extremities had 1+ edema of the hands and arms,

with multiple needle tracks and healed skin abscesses. The neurologic examination was normal.

Laboratory Data:

			Normal
CBC	Hgb	15.4	*14.0-18.0g/dl.*
	Hct	47.9	*42-52%*
	WBC	9.2	*4.8-10.8 x 10^9/L*
	differential	normal	
Chemistries	sodium	138	*135-149 mmol/l*
	potassium	4.9	*3.5-5.3 mmol/l*
	chloride	107	*98-108 mmol/l*
	CO2	27	*24-32 mmol/l*
	BUN	19	*6-20 mg/dl*
	creatinine	1.9	*0.5-1.5 mg/dl*
	glucose	100	*70-110 mg/dl*
	calcium	8.2	*8.6-10.4 mg/dl*
	protein, total	6.1	*6.0-8.0 g/dl*
	albumin	1.6	*3.6-5.0 g/dl*
	LFTs	normal	

Urinalysis: pH 8, specific gravity 1.012, protein 3+, and blood 2+; microscopic examination showed 7-12 RBCs, 2-4 WBCs, and no casts.

24 hour urine collection revealed a volume of 3,100 cc, a creatinine of 35.9, a creatinine clearance of 39 ml/min, and a protein of 9 gm.

Urine protein electrophoresis: no monoclonal spike; Bence-Jones protein was negative.

Chest X-ray : normal sized heart and a right pleural effusion.

Serum protein electrophoresis: albumin of 22.1%, alpha-1 globulin of 4.1%, alpha-2 globulin of

16.4%, a beta globulin of 32.3%, and a gamma globulin of 25.2%; there was no monoclonal spike

Serum rheumatoid factor and **ANA** were negative.

Blood cultures: no growth.