

March 2012 Arizona Thoracic Society Notes

The March 2012 Arizona Thoracic Society meeting was held on 3/20/2012 at Scottsdale Shea beginning at 6:30 PM. There were 21 in attendance representing the pulmonary, allergy, radiology, and thoracic surgery communities.

Dr. Allen Thomas, the Arizona nominee for ATS Clinician of the Year, was recognized. Voting for will be on 3/29/2012 at the ATS Council of Chapter Representatives meeting in Washington, D.C.

Multiple cases were presented:

Dr. George Parides presented a case of 46 year old female who complained of mild shortness of breath. A chest x-ray revealed a large left pleural effusion. Thoracentesis showed that the fluid was an exudate but cytology and cultures were negative. A repeat chest x-ray showed a large left lower lobe mass and a CT scan showed a 24X21 cm mass in the left lower chest. Surgical resection was performed and was a benign fibrous tumor of the pleura on histology. Discussion ensued that there have been several of these reported at the Arizona Thoracic Society and perhaps these are not as rare as commonly thought. Rick Helmers pointed out that these tumors can be associated with hypoglycemia.

Gerald Swartzberg presented on diaphragmatic paralysis. The initial sniff test had been negative but a repeat was positive. Discussion ensued about the sensitivity and specificity of the sniff test. Although no one could recall specific numbers, most thought that the sniff test was fairly good. This evolved into a discussion of the usefulness of diaphragmatic placcation (render the flaccid hemidiaphragm taut by oversewing the membranous central tendon and the muscular components of the diaphragm) and how long to wait for phrenic nerve generation before performing placcation.

John Roehrs presented a case of 75 yo rock miner from Globe who had very severe oxygen dependent COPD and pulmonary hypertension. He was found to have a lung nodule which was followed and increased in size after 6 months and was now 2 cm. PET scan showed the nodule to have increased uptake of about 2.8 SUV. Treatment of the patient was extensively discussed. Most thought that an operative intervention was contraindicated because of his COPD and pulmonary hypertension. Obtaining a coccidioidomycosis serology was suggested although most thought this likely a lung cancer. Following the patient without intervention was suggested by most.

Dr. Swartzberg presented a second case of a 32 year old Filipino man who was referred by a dermatologist had biopsied a skin lesion on the chest and found coccidioidomycosis. He was treated for 6 months with fluconazole and the

coccidioidomycosis complement fixation tests had been 1:2 to 1:4. Al Thomas pointed out that he had seen several patients with apparent direct inoculation into the skin. Discussion ensued about how long to treat coccidioidomycosis in this situation. Although there was agreement that there was no data available, most advocated longer rather than shorter treatment.

There being no further cases, the meeting was adjourned at 8:00 PM. The next meeting is scheduled for April 17.

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