

## January 2013 Arizona Thoracic Society Notes

A dinner meeting was held on Wednesday, 1/23/2013 at Scottsdale Shea beginning at 6:30 PM. There were 25 in attendance representing the pulmonary, critical care, sleep, infectious disease, thoracic surgery and radiology communities.

Dr. George Parides presented a plaque to Al Thomas for being voted Arizona's Clinician of the Year (Figure 1).



Figure 1. George Parides, Arizona Thoracic Society President, presenting a plaque to Allen Thomas, Arizona Thoracic Society Clinician of the Year.

Rick Robbins, editor of the Southwest Journal of Pulmonary and Critical Care, gave a PowerPoint slide presentation updating the membership on the Arizona Thoracic Society's official journal.

Five cases were presented:

1. Tim Kuberski, chief of infectious disease at Maricopa Medical Center, presented a 29 year old diabetic who underwent a sinus operation for a sinus mass which proved to be a fungus ball. A biopsy was also done of the bone which showed osteomyelitis with cultures showing methicillin-sensitive *Staphylococcus aureus*. The patient received a 6 week course of daptomycin. Near the end of his daptomycin he began to complain of

- shortness of breath. Chest x-ray and thoracic CT scan showed peripheral lung consolidation with a “reverse batwing” appearance. The patient had 5% eosinophils in his blood. The symptoms and consolidation resolved with stopping the daptomycin. This was thought to be a drug reaction to the daptomycin.
2. Andrew Goldstein, thoracic surgery, presented a case of a 71 year old man who developed an upper respiratory tract infection after a hunting trip. His complaints led to a chest x-ray which showed fullness in the right hilum and a question of oligemia in the right lung. Review of the patient’s old chest x-rays showed RLL collapse for at least a couple of years. Thoracic CT showed the RLL collapsed with a question of a mass in the bronchus intermedius. PET scanning did not show increased metabolic activity. Bronchoscopy showed a mass in bronchus intermedius. Multiple biopsies were non-diagnostic. A rigid bronchoscopy was performed with multiple biopsies which showed an endobronchial hamartoma. The mass was endobronchially resected until both the RML and RLL bronchus were patent. Post-operatively the RLL was expanded.
  3. Heemesh Seth and John Roehrs, pulmonary at the Phoenix VA, presented a 34 year old man with progressive dyspnea since 2006 when was a Marine in Iraq injured by an IED. Chest x-ray and thoracic CT scan showed a mild left PA enlargement. Pulmonary function tests were normal. An echocardiogram showed pulmonic stenosis with a mild gradient and mild pulmonic regurgitation. Referral to a pediatric cardiologist confirmed a diagnosis of pulmonic stenosis with pulmonic dilatation. Discussion regarding right heart catheterization and optimal treatment ensued without a consensus being reached.
  4. Elijah Poulos and Allen Thomas, pulmonary at the Phoenix VA, presented a case of a 57 year old man who had been admitted with atrial fibrillation and a rapid ventricular response. He had a past medical history of COPD and optic neuritis of uncertain etiology. A chest x-ray revealed a right pleural effusion and scattered right central peribronchial lung consolidation with less on left. The patient was asymptomatic. Various diagnoses were discussed including sarcoidosis and lymphoma but most felt that diagnosis would require biopsy.
  5. Gerald Swartzberg presented three cases. All had been exposed to obnoxious fumes and developed vocal cord dysfunction. Most had diagnosed with asthma and all had extra thoracic obstruction on their flow-volume loops. Dr Schwartzberg reviewed irritant-associated vocal cord dysfunction and a discussion ensued regarding this poorly described disorder.

There being no further business, the meeting was adjourned at about 8 PM. The next meeting is Wednesday, February 27, 2013 at 6:30 PM at Scottsdale Shea.

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Arizona Thoracic Society