



# SCII Online Quiz Answers

## CMC VELLORE

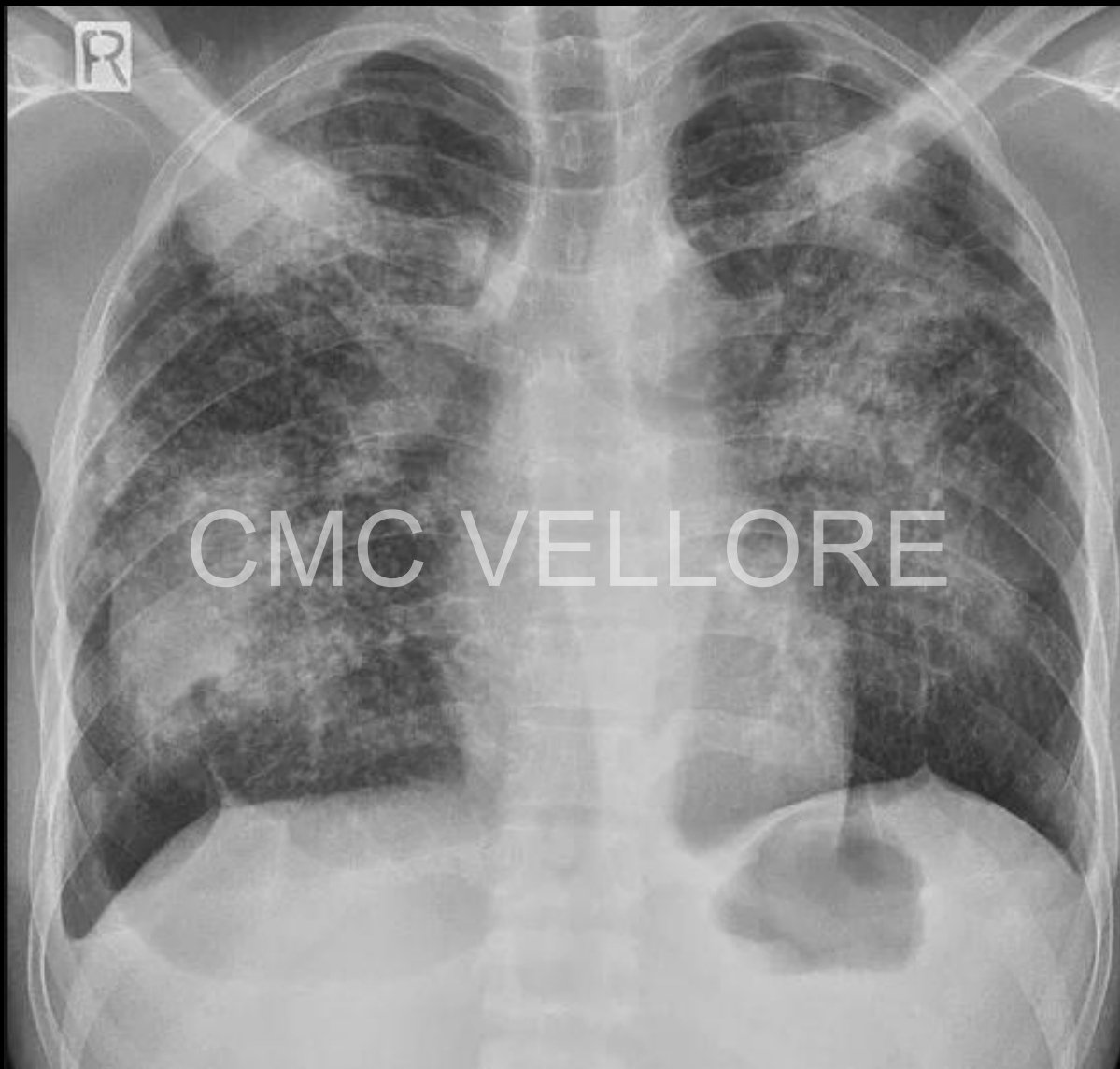


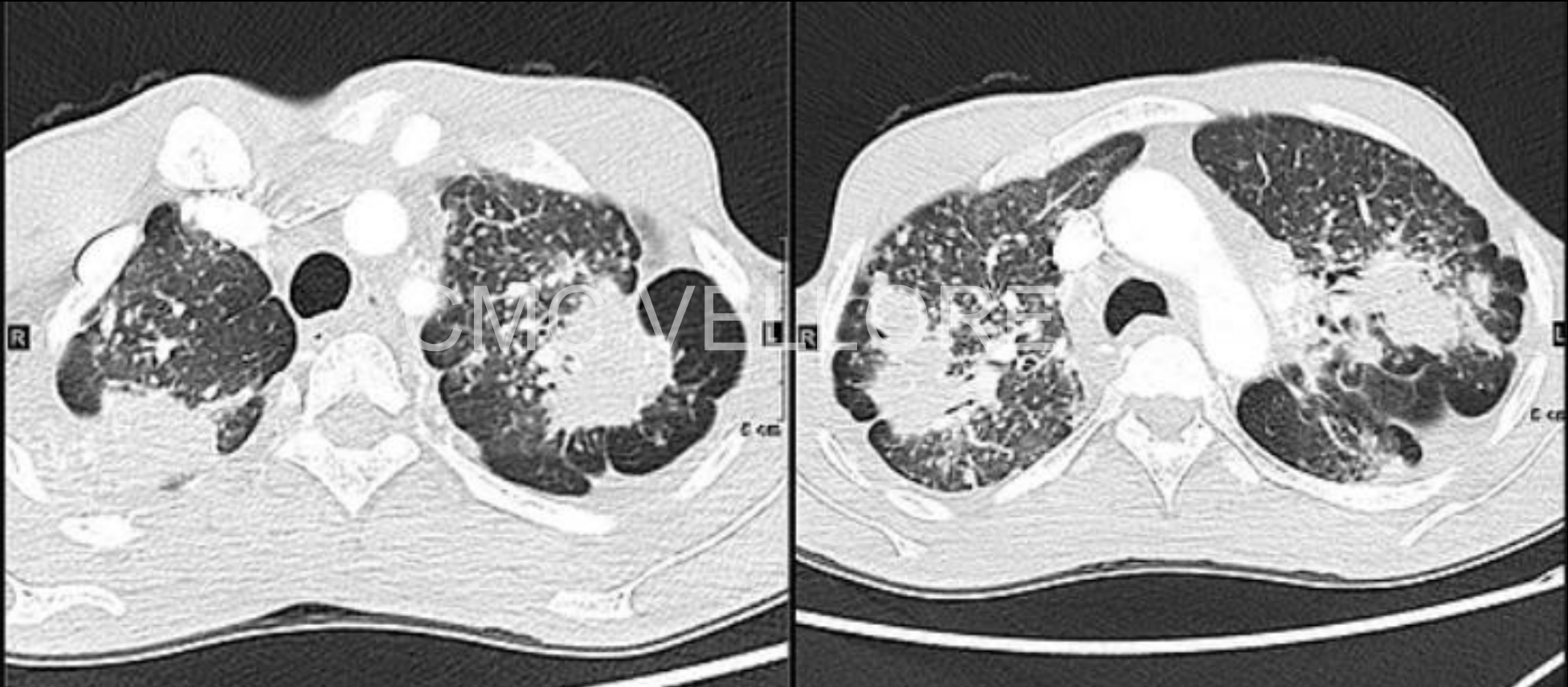
## Case 1:

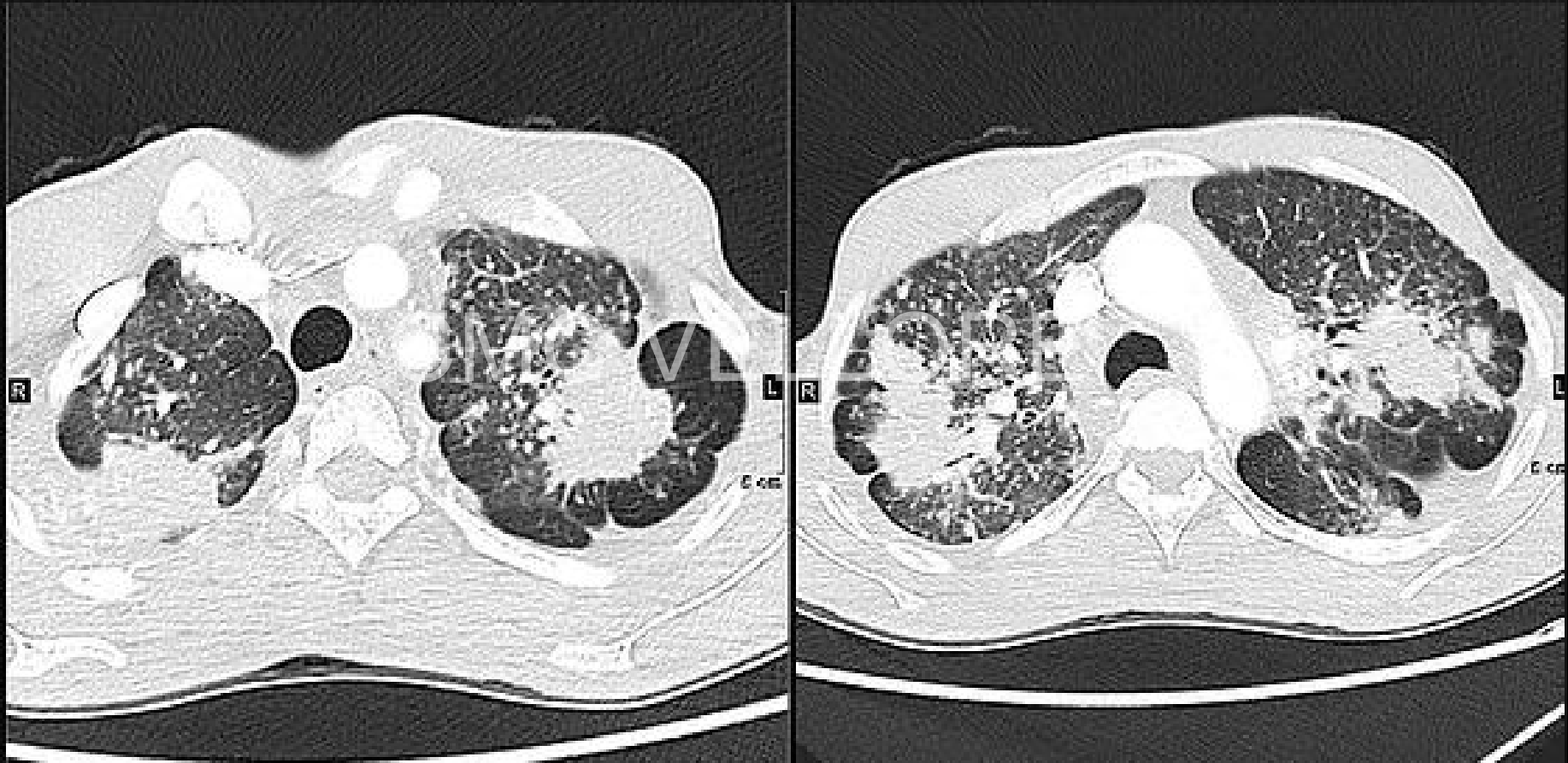


- 26-year-male with cough and progressive shortness of breath since five years.
- What is the diagnosis?

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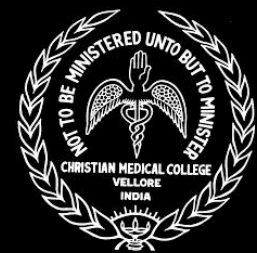




Answer:



- Accelerated silicosis with progressive massive fibrosis (PMF)
- 'Accelerated' silicosis since this patient is young and hence, is unlikely to have had a chronic exposure to silica dust
- CT shows mass-like opacification in bilateral lung parenchyma with adjacent emphysematous changes, representing PMF



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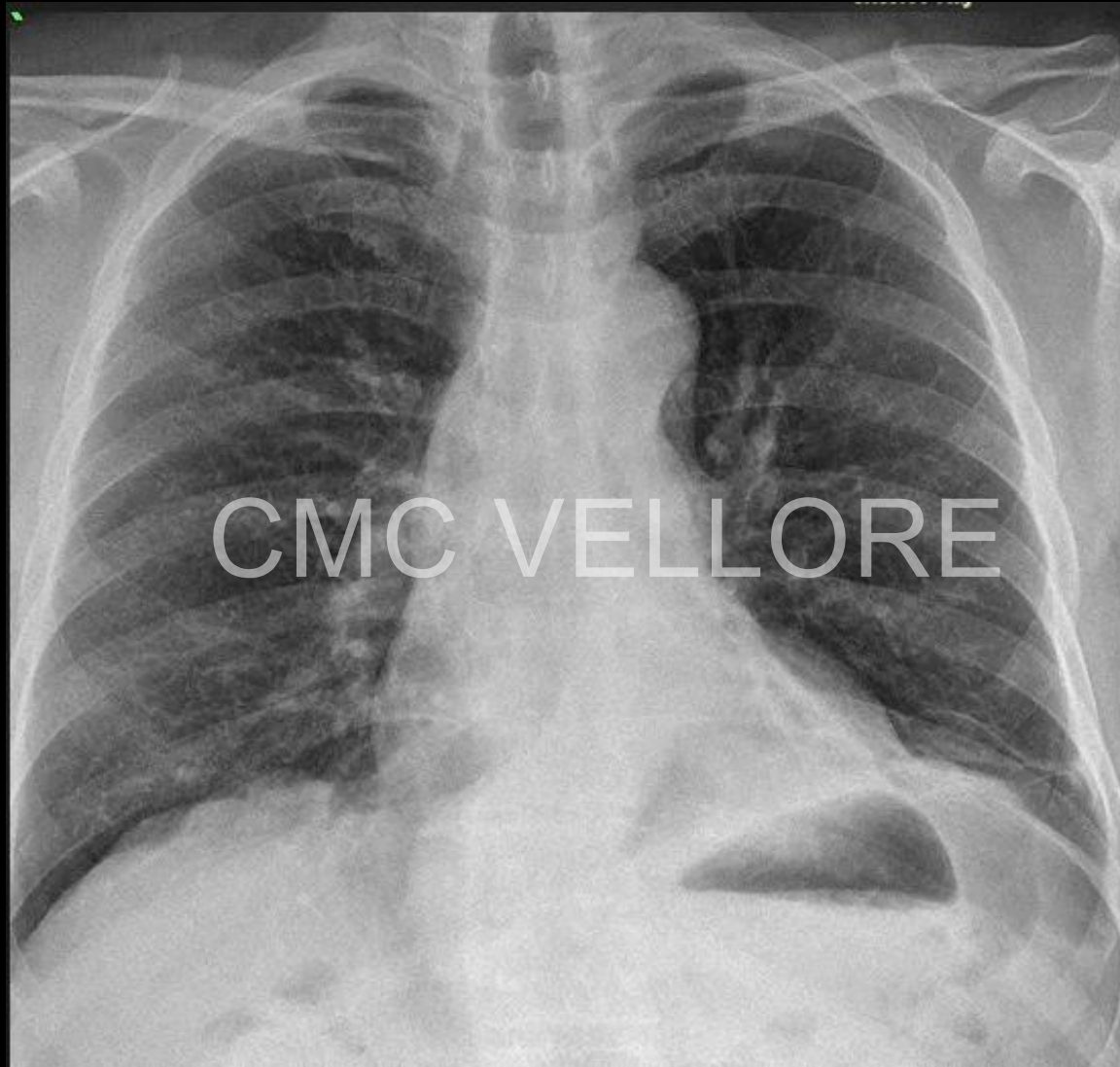
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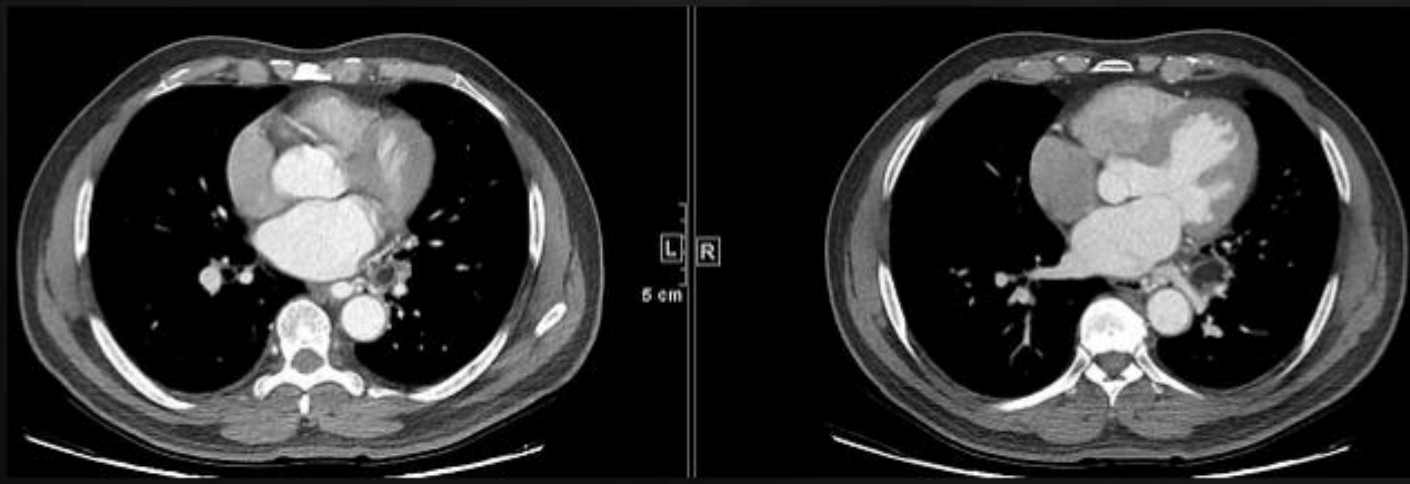


- **A 61-year-male, non-smoker, having cough and streaky hemoptysis since two years.**
- **What is the diagnosis?**

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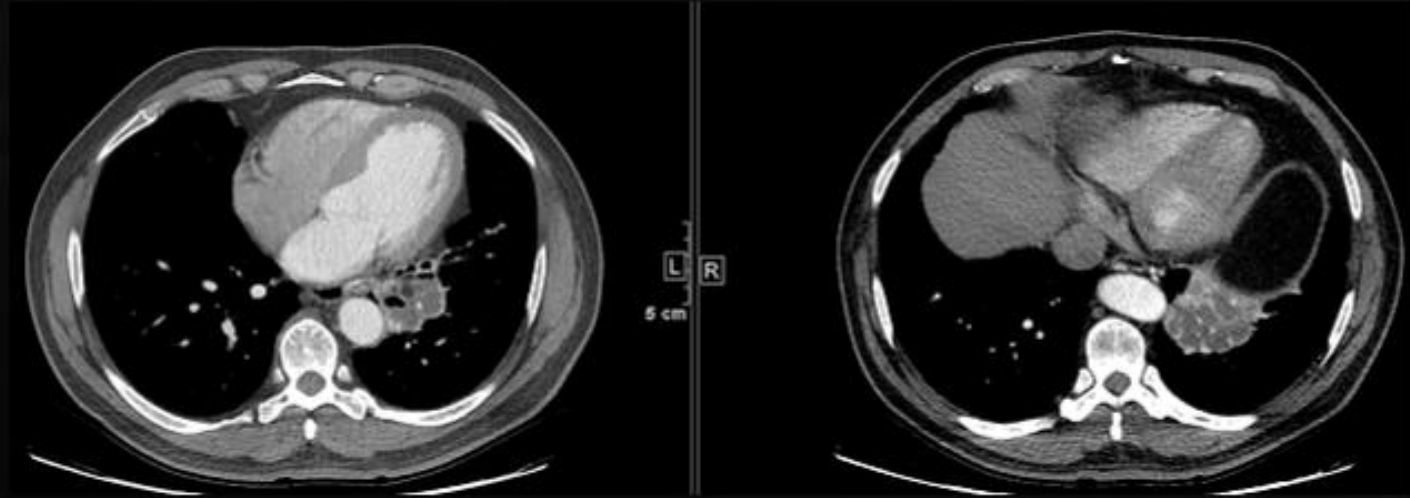






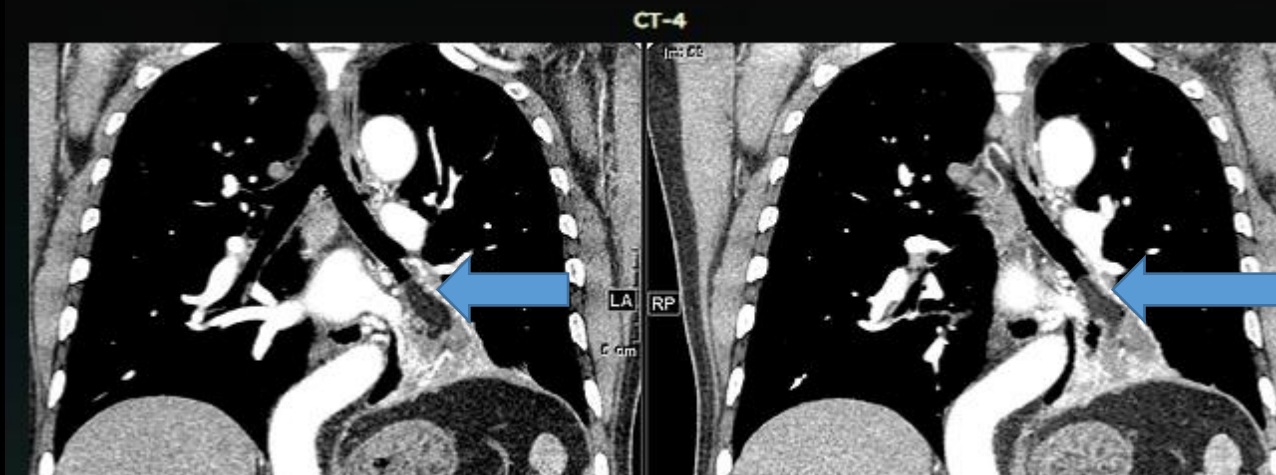
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CT-2





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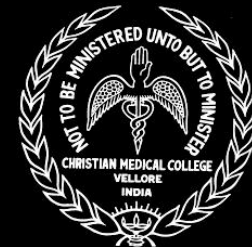




Answer:



- Endo-bronchial lipoma in the left lower lobe bronchus with resultant collapse-consolidation of the left lower lobe
- CT shows a fat-density lesion in the left lower lobe bronchus, representing a lipoma (blue arrow)
- They are rare benign lesions and are usually asymptomatic
- Patients may present with cough and hemoptysis
- Bronchoscopic resection is the first line of treatment, especially if the patient has symptoms



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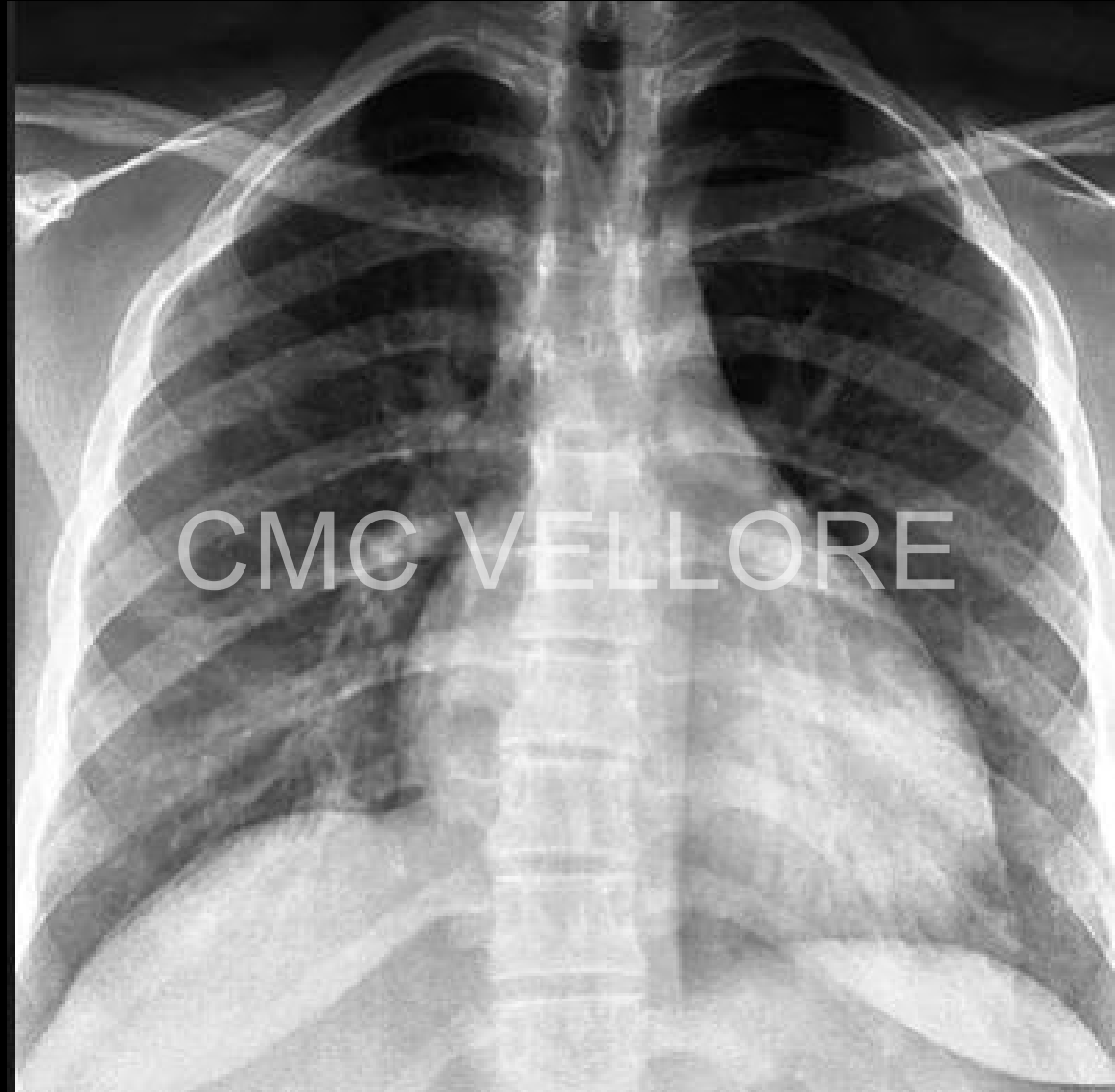




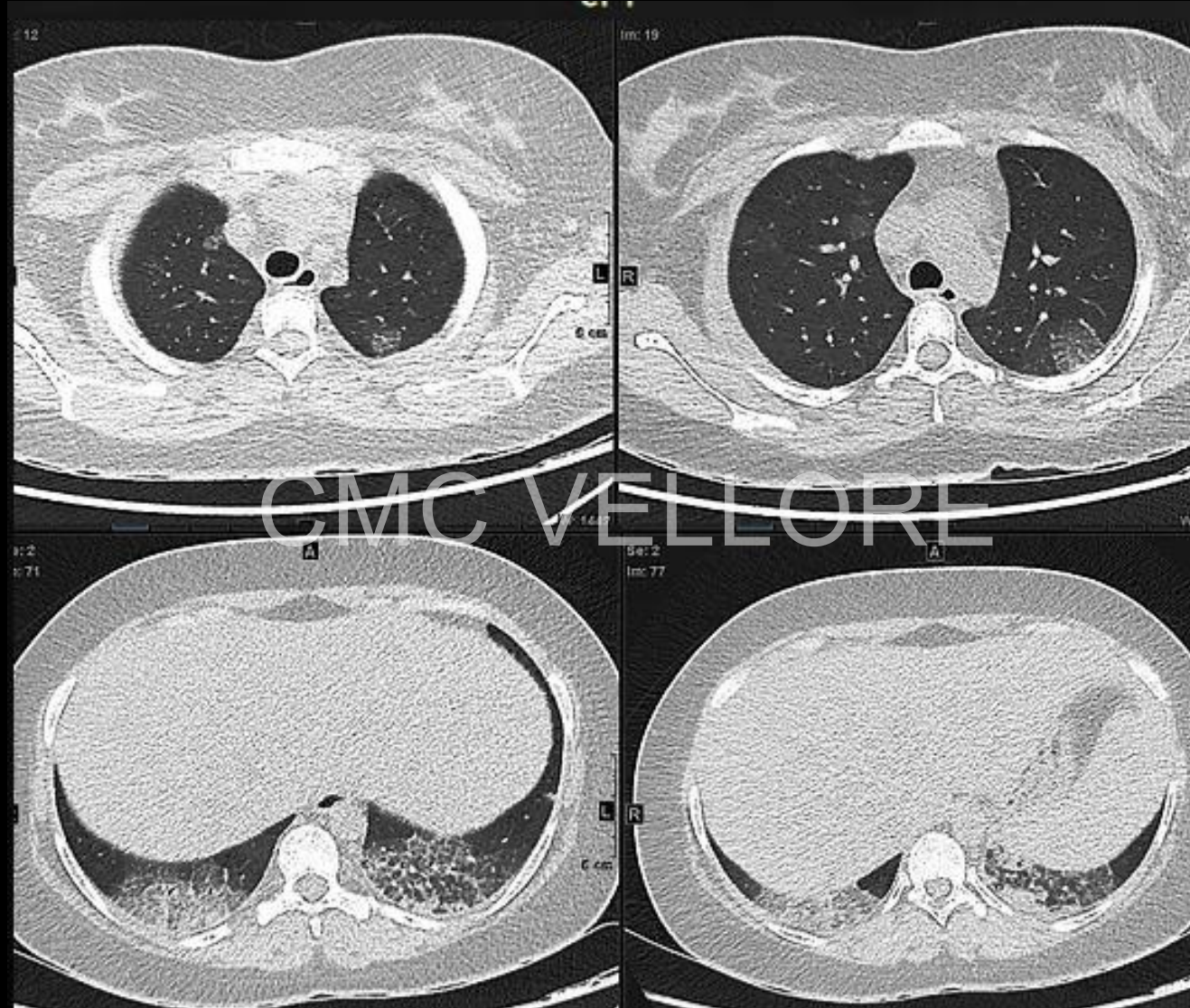
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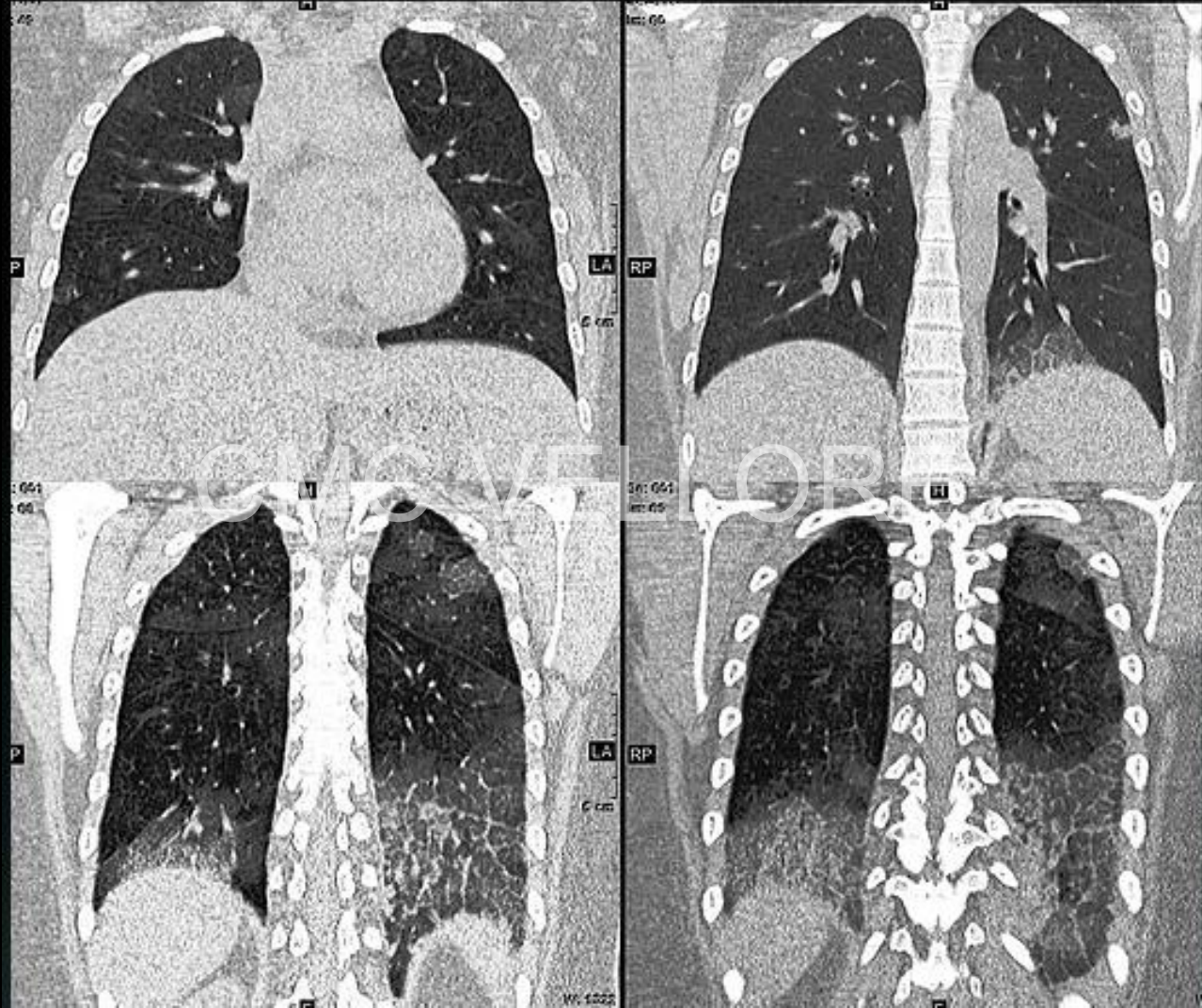


- **20-year-female, case of acute promyelocytic leukemia, on treatment with arsenic trioxide, retinoids, mitoxantrone and hydroxyurea. She presented with complaints of fever and breathlessness for 10 days. Her blood culture and sputum examination were negative. Procalcitonin levels were not elevated. Her viral PCR tests were negative. There were no features of fluid overload on clinical examination. Her fever was not responding to antibiotics.**
- **What is the likely diagnosis?**









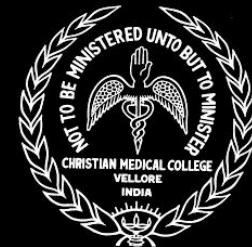




Answer:



- **All-trans retinoic acid (ATRA) syndrome or differentiation syndrome (DS)**
- It is a condition that can occur in patients with acute promyelocytic leukemia who are on therapeutic all-trans-retinoic acid (ATRA)
- Patients present with fever and respiratory distress
- CT may show bilateral ground-glass and reticular opacities (as in this case). Pleural effusion may also be seen
- Treatment includes high-dose steroids



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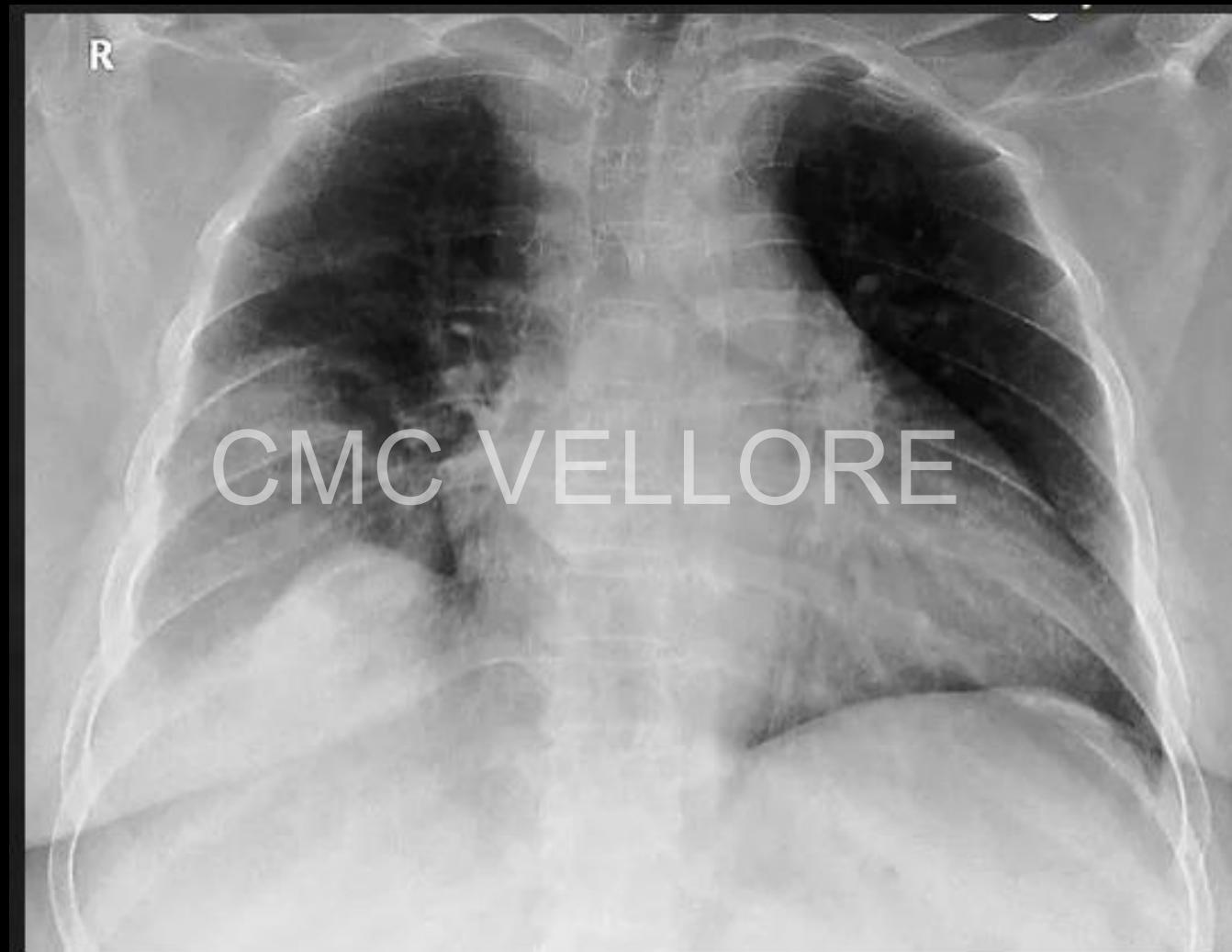


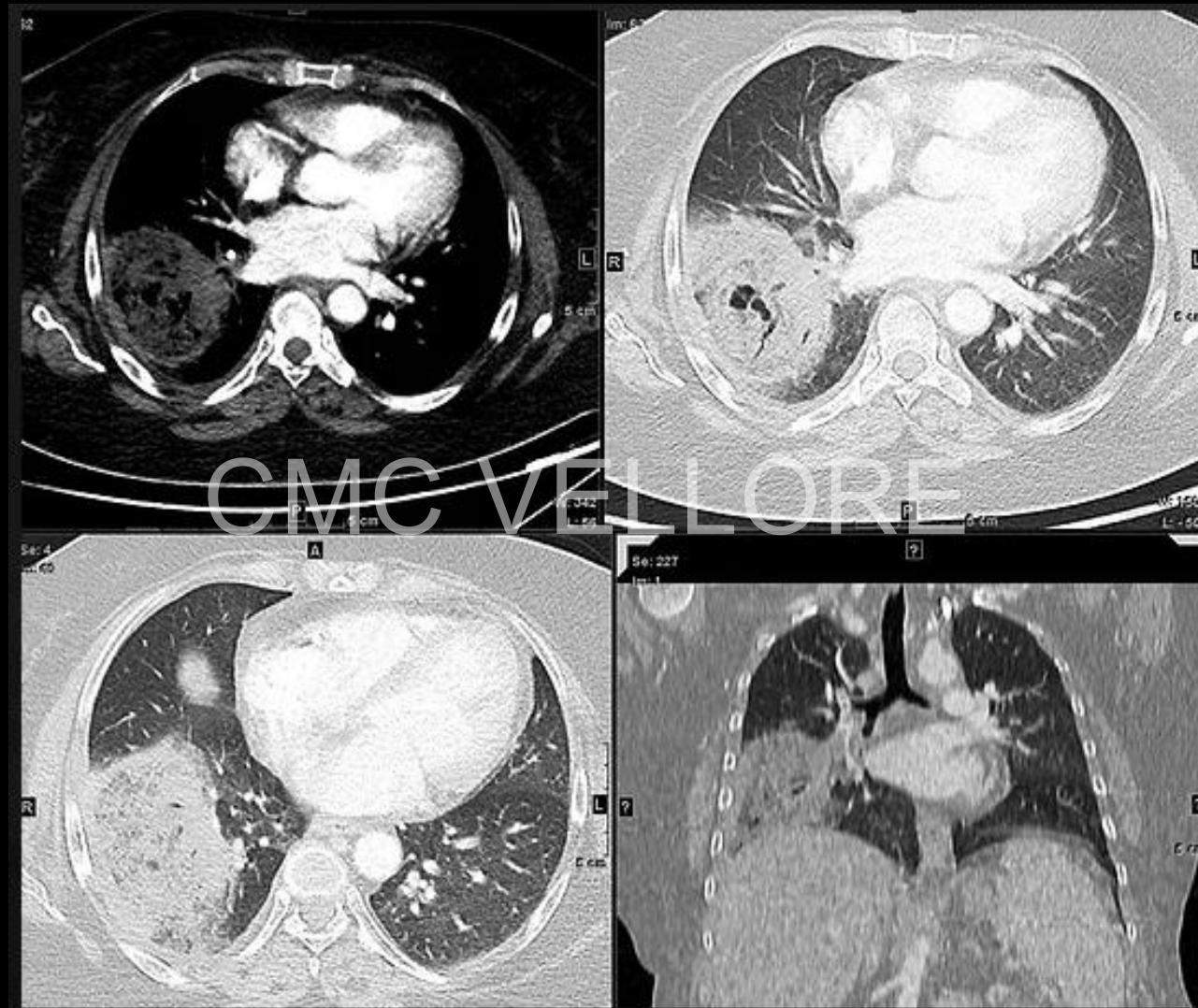
## Case 4:



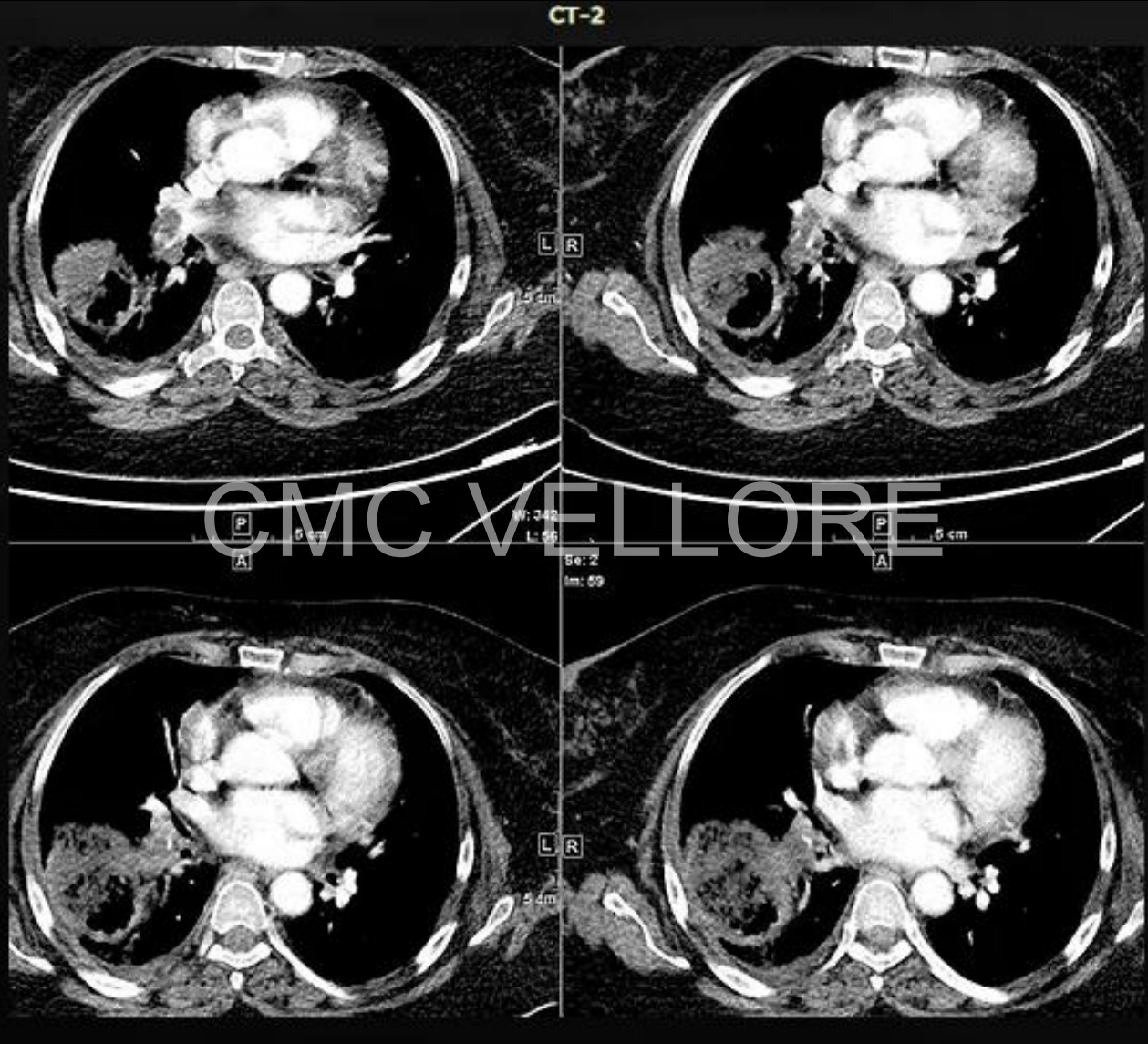
- **52-year-female, case of pyoderma gangrenosum on high-dose steroids, having fever and breathlessness for the last two weeks.**
- **What is the diagnosis?**

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Answer:



- Mucormycosis with angioinvasion
- CT shows a large lesion in the right lower lobe. This lesion has a 'reverse-halo' or 'bird-nest' appearance (central ground-glass density areas with surrounding areas of higher density)
- Few areas of cavitation are also seen in this lesion
- Filling defects are seen in the adjacent right lower lobe pulmonary artery, representing angioinvasion



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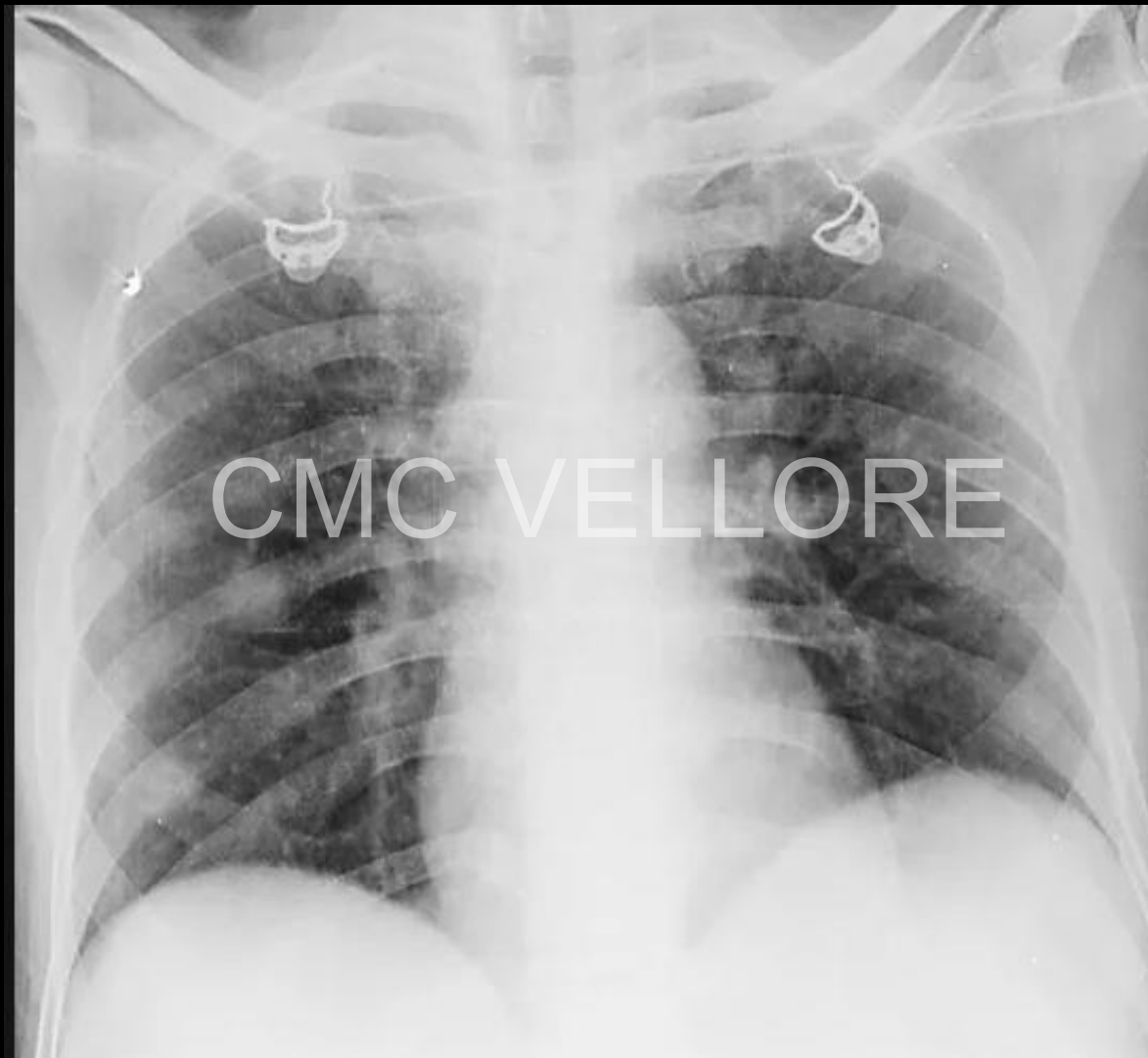


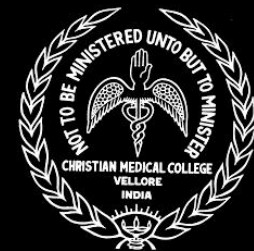
## Case 5:



- **55-year-old farmer, known diabetic, with 4 months history of fever.**
- **What is the diagnosis?**

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Answer:



- Hepatic and pulmonary meliodosis
- Chest radiograph shows few nodules in the lungs
- CT also shows few nodules in the lungs along with bilateral pleural effusion
- Multiple liver lesions are seen which have septations within (honeycomb-appearance) – suggestive of meliodosis
- **Melioidosis** is an infectious disease caused by the bacterium *Burkholderia pseudomallei* (previously known as *Pseudomonas pseudomallei*)
- Seen more commonly in diabetic or immuno-compromised patients

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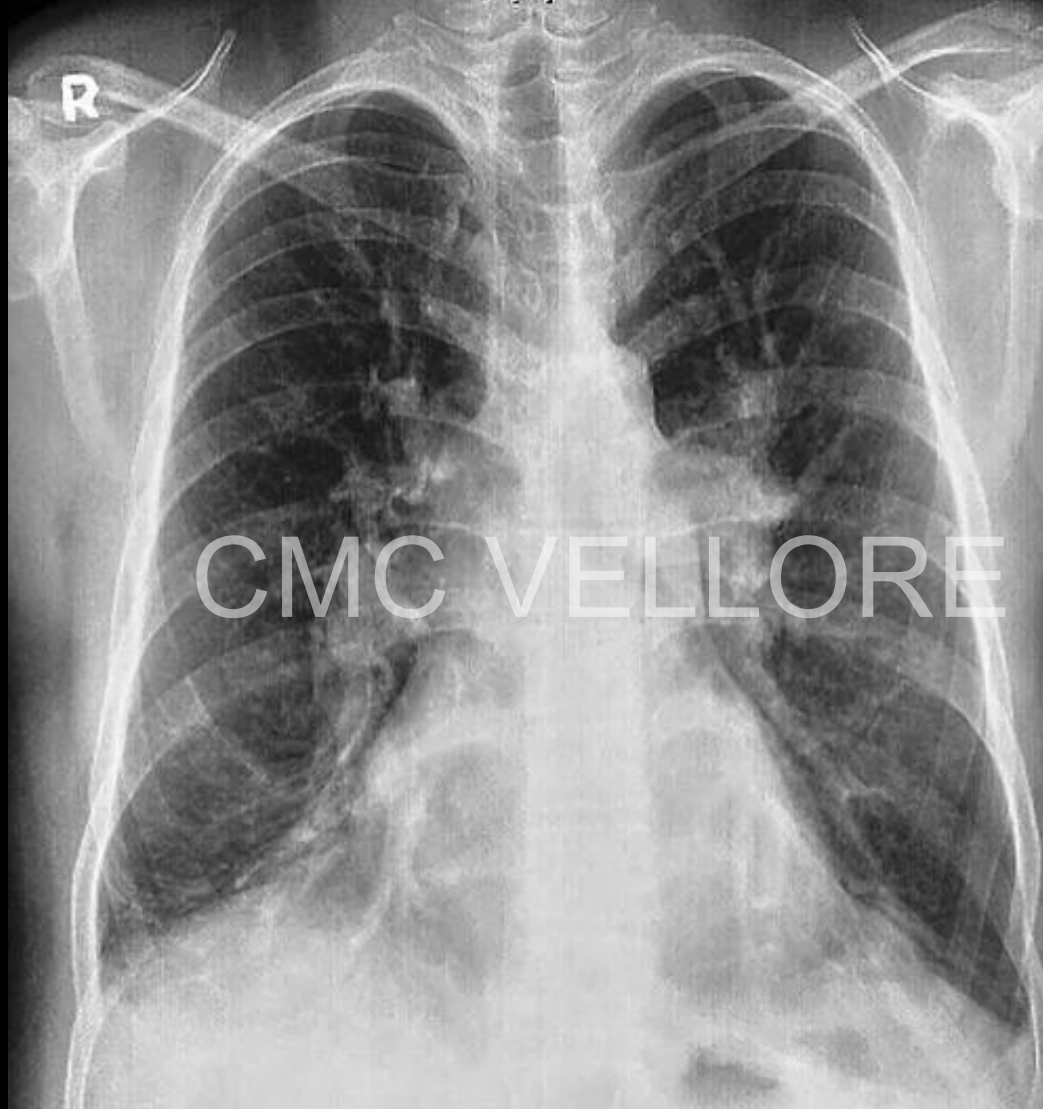


## Case 6:

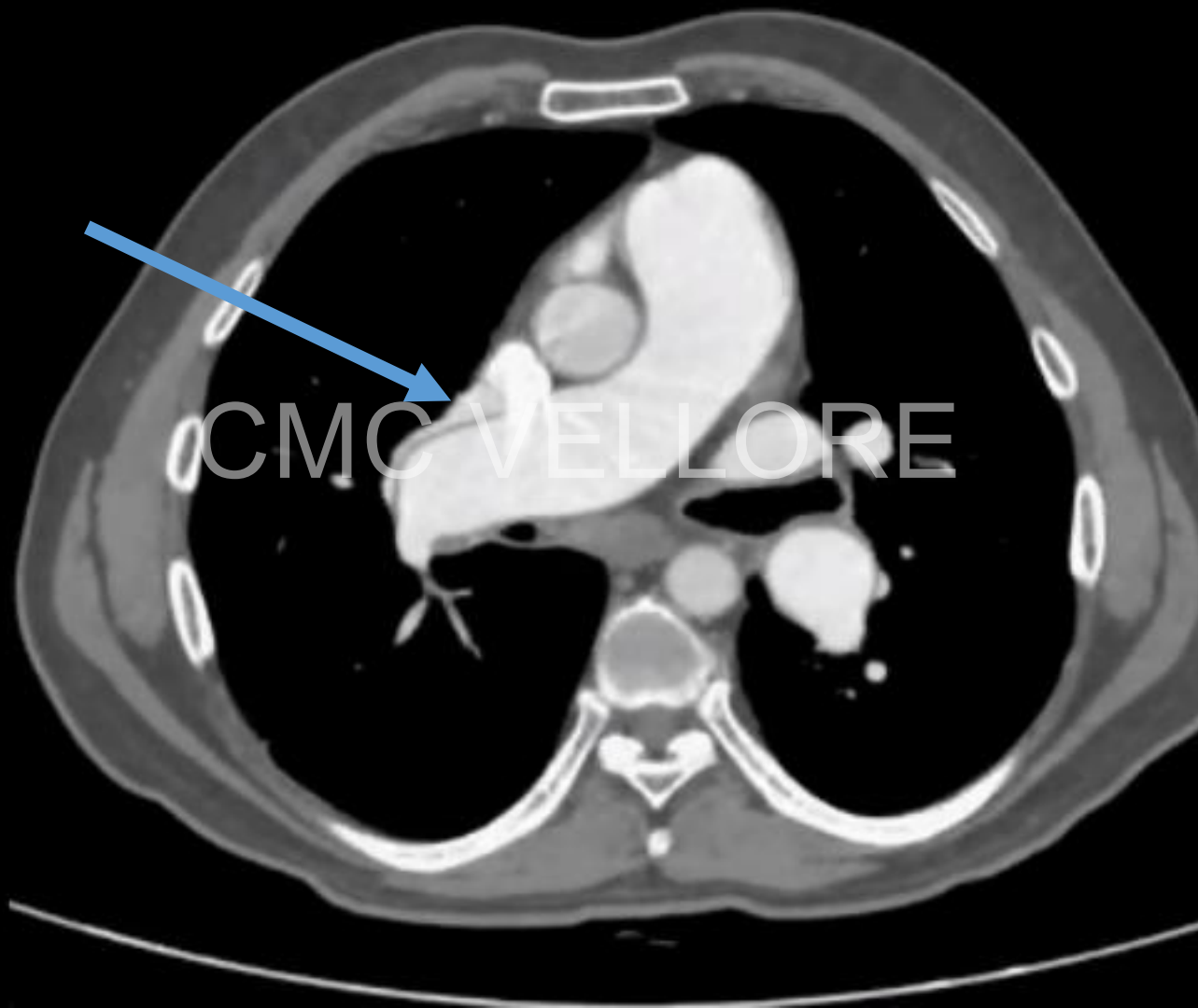


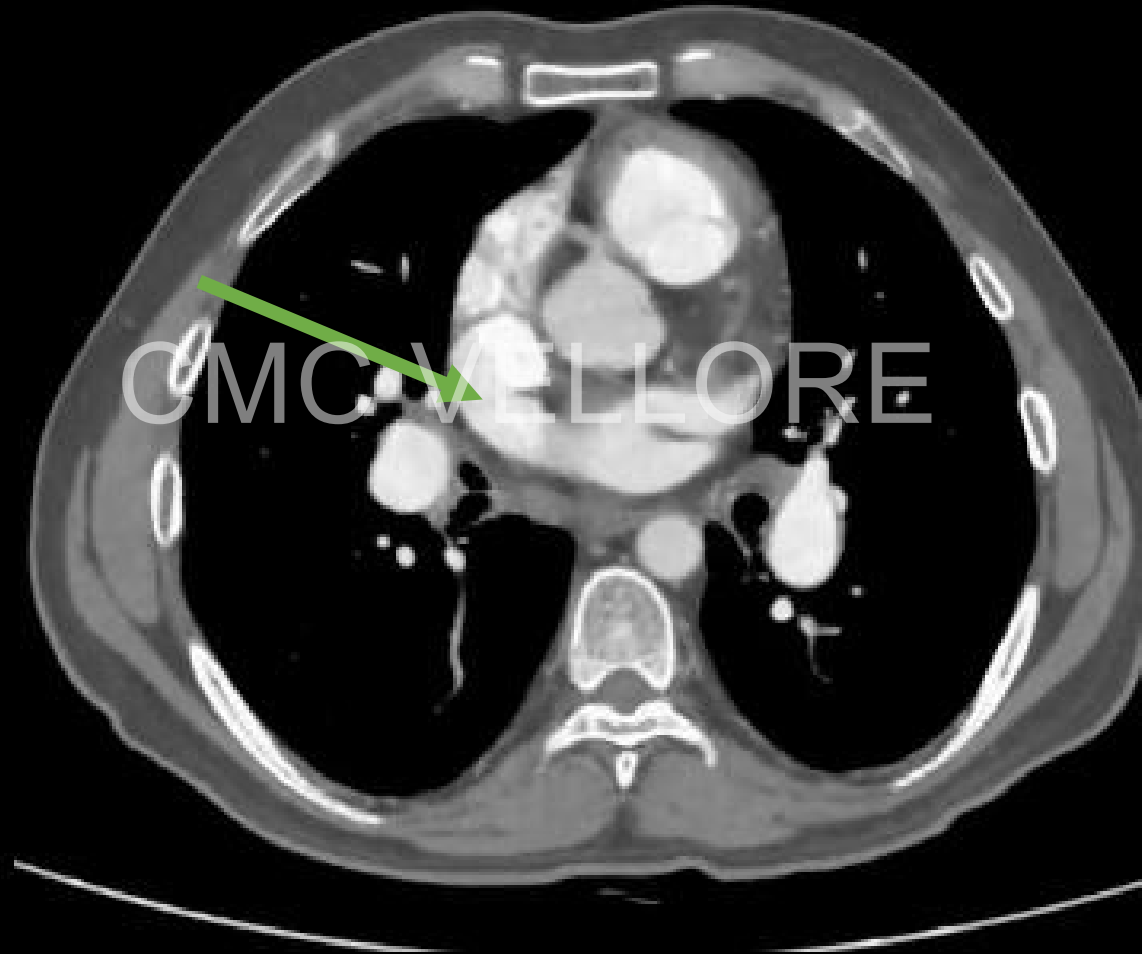
- **55-year-old male, farmer with breathlessness on exertion, pedal edema and raised JVP.**
- **What is the diagnosis?**

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Answer:



- PAPVC (partial anomalous pulmonary venous connection) with SV-ASD (sinus venosus - atrial septal defect)
- One of the right-sided pulmonary veins is seen to drain into the superior vena cava (blue arrow)
- Green arrow shows the SV-ASD
- Lung window also shows few bronchiectatic changes in both the lungs
- SV-ASD is the least common type of ASD and is usually associated with anomalous right pulmonary venous return to the superior vena cava or right atrium



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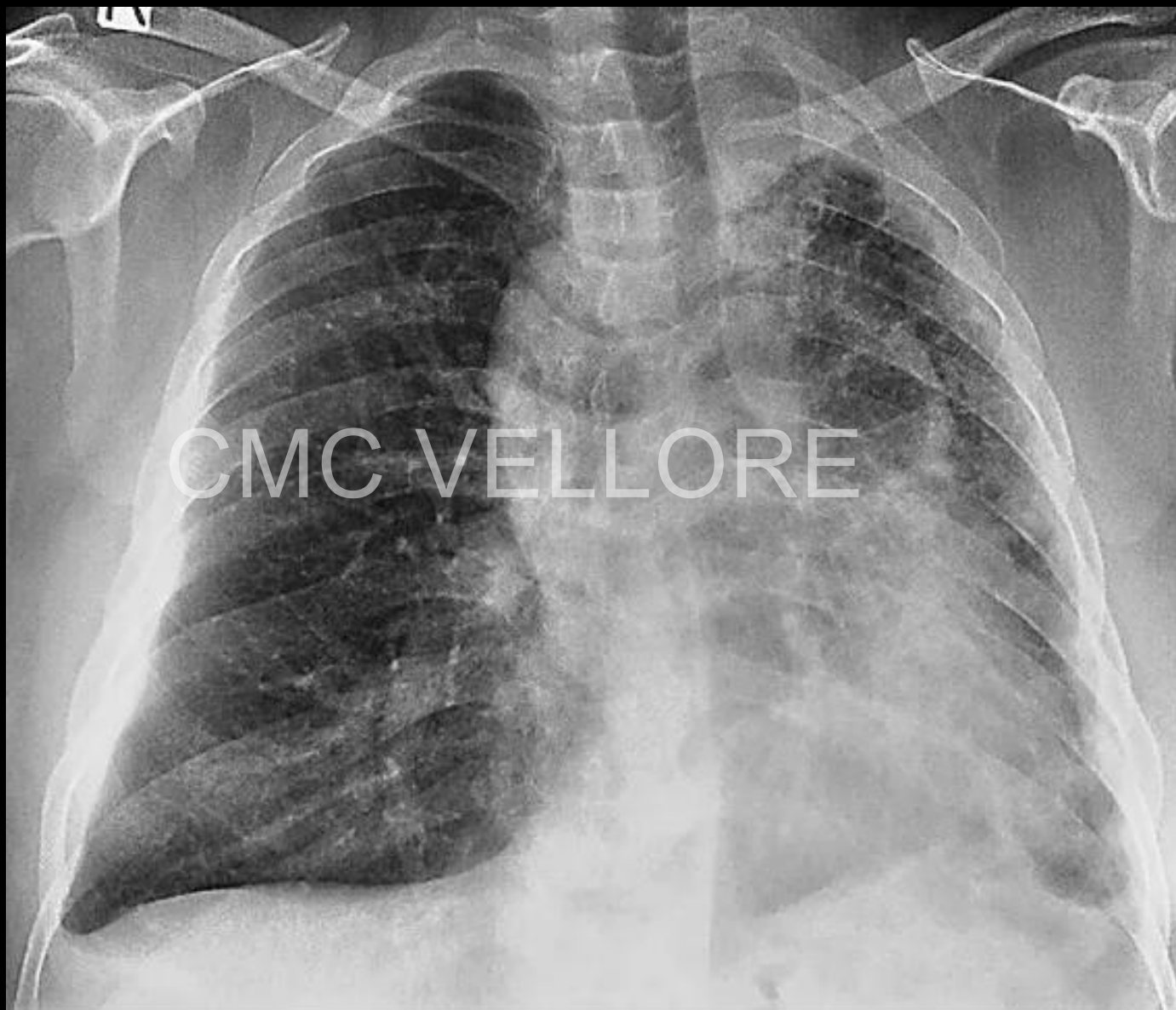
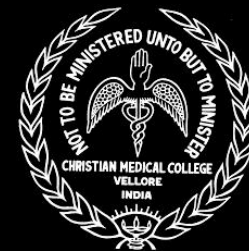
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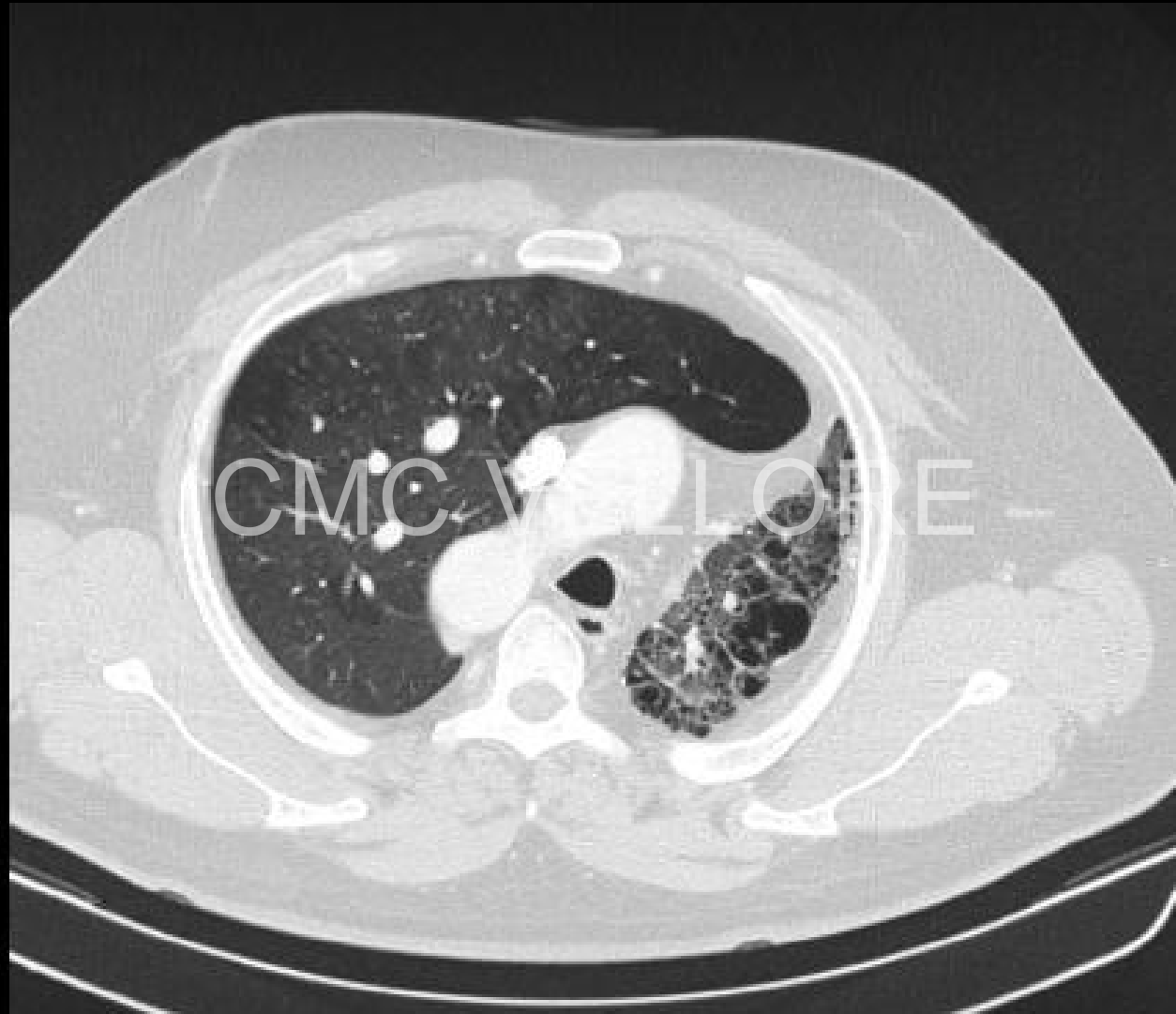


- **40-year-male with cough for 6 years and dyspnoea on exertion for six months.**
- **Spirometry showed a restrictive pattern.**

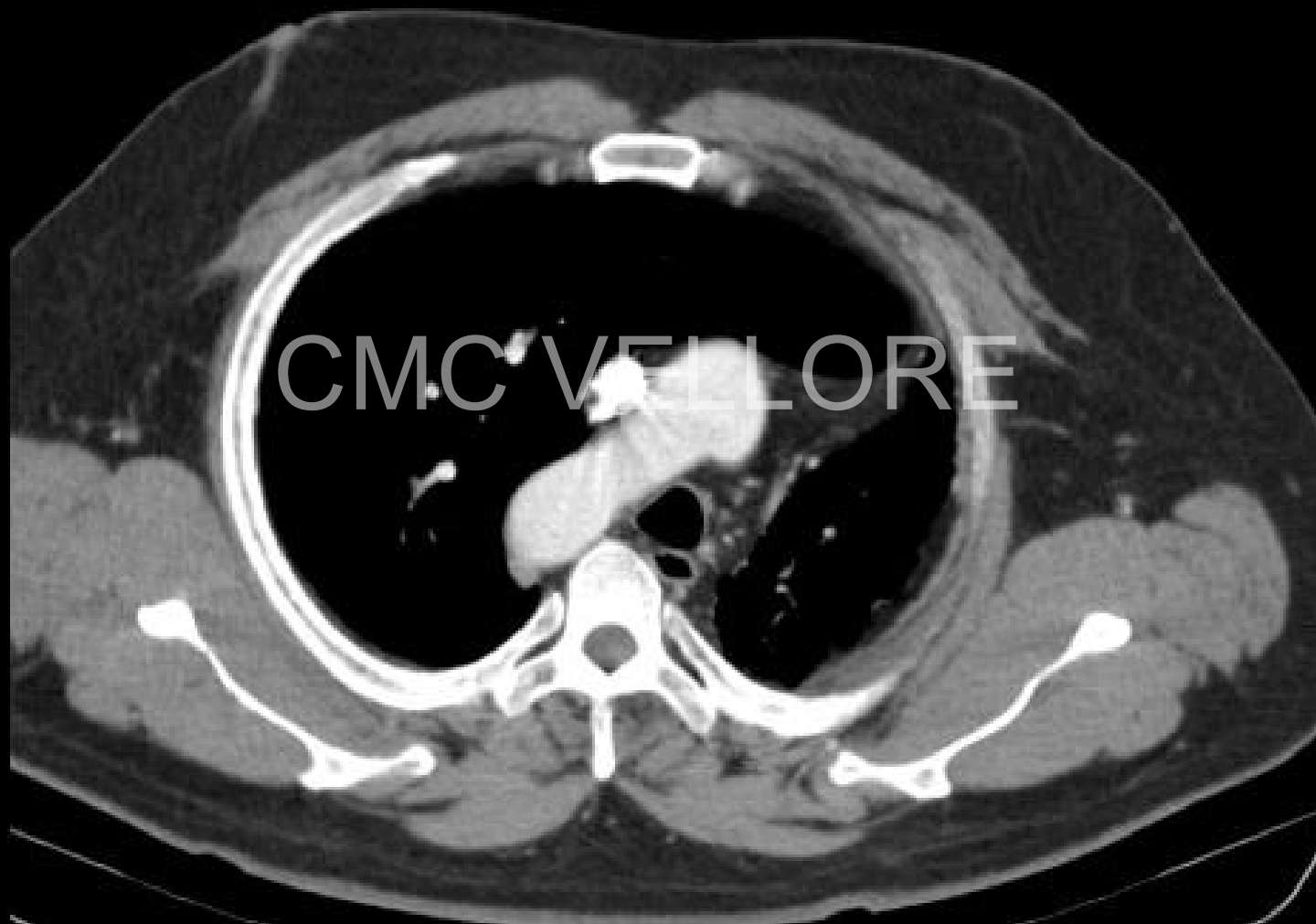
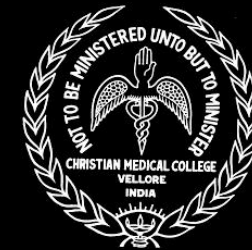
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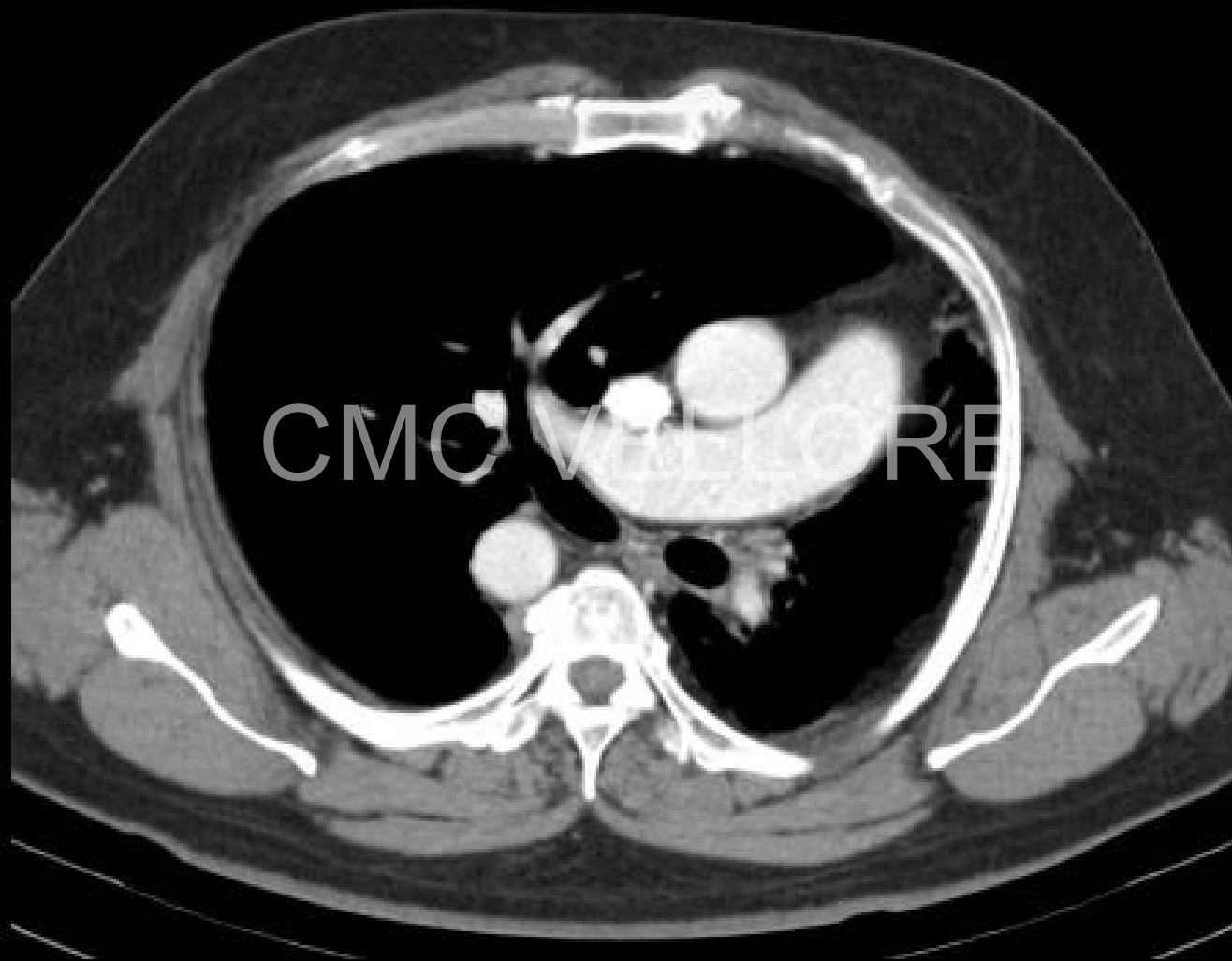
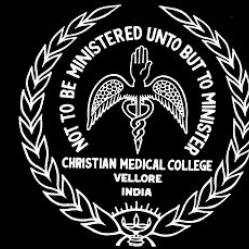
- **What is the diagnosis?**









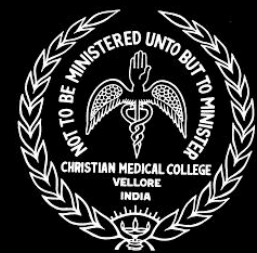
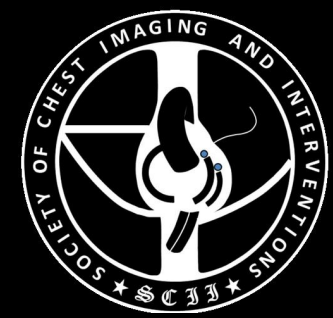




# Answer:



- Proximal interruption of the left pulmonary artery, also known as unilateral absence of pulmonary artery (UAPA), along with a right –sided aortic arch, left hemi-thoracic volume loss and fibrotic changes in the left lung
- The left pulmonary artery is not visualised, suggestive of interruption of the left pulmonary artery
- It is a rare abnormality and can be associated with cardiac abnormalities
- The right pulmonary artery is more commonly affected than the left pulmonary artery.
- Although interruption of the right pulmonary artery is typically an isolated finding, interruption of the left pulmonary artery is frequently associated with right aortic arch (as in this case) and may be associated with other congenital cardiovascular anomalies such as tetralogy of Fallot



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**THANK YOU**