

Chest pain in a Basketball Player

Oluseun O. Wert, Drexel University College of Medicine, Philadelphia, PA
e-mail: Oluseun.Wert@DrexelMed.edu
(Sponsor: Eugene Hong, MD)

HISTORY: A 21 year-old junior collegiate basketball player presents with two episodes of hemoptysis and right-sided pleuritic chest pain. He coughed up a small amount of blood the previous night, and a teaspoon amount on the morning of presentation. Chest pain occurs with deep inspiration or lying on right side. He denies recent illness, fever, trauma, surgery, travel or change in level of activity.

PHYSICAL EXAMINATION: Healthy appearing male in no distress. Vital signs were within normal limits, except for pulse oximetry of 93% on room air. He reported mild right-sided inspiratory discomfort, but there was no further reproduction of symptoms upon exam. Breath sounds were decreased in the right lower lobe. The rest of his physical examination, as well as an ECG, were within normal limits.

DIFFERENTIAL DIAGNOSIS:

1. Pneumothorax
2. Pulmonary embolus
3. Tuberculosis
4. Alveolar hemorrhage
5. Malignancy
6. Pneumonia
7. Bronchitis

TESTS AND RESULTS:

Chest PA/Lateral

--Normal chest

CT Chest w contrast

--Right posterior basilar segmental arterial branch pulmonary embolism with associated right basilar pulmonary infarct.

2D Echocardiogram

--Normal study

LE doppler US

--No evidence of DVT in the lower extremities

Hypercoagulability panel (including Factor V Leiden, MTHFR, homocysteine, Anti cardiolipin antibodies, Protein C and S)

--Normal

FINAL/WORKING DIAGNOSIS:

Unprovoked Pulmonary embolism

TREATMENT AND OUTCOMES:

1. Anticoagulation for at least six months.
2. Full hematologic workup.
3. Non contact activity until completion of anticoagulation