CLINICAL CASE PRESENTATION

Prof. Dr. Erdoğan Çetinkaya
• History of Patient & Present Illness
  – 59 year-old, female patient
  – Referred to our clinic with lymphadenomegaly was observed in the thorax CT which performed as a result of application to the committee for disability.
  – She had no respiratory complaints.
• History
  – Smoking history: Never used.
  – Occupation: Housewife
  – Diagnosed with Asthma, Hypothyroidism and DM
  – Drugs used: Seretide 50/500 2*1, Euthyrox 75mcg 1*1, Oral antidiabetic drugs

• Family history: No known family history of disease

• No known environmental or occupational exposure.
Physical Examination

– BMI: 24,5 kg/m²
– SpO2: 99 %
– HR: 90/min
– RR: 18 /min
– BP: 115/89

– Normal respiratory sounds.
– Clubbing (-) PTE (-/-)

– Other system examinations are normal.
PFT (29.11.2023)

- FVC: 2,58 (%100)
- FEV1: 2,14 (%99)
- FEV1/FVC: (%83)
LABORATORY RESULTS

**Complete Blood Count**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Result</th>
<th>Unit</th>
<th>Reference Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>6.84</td>
<td>10^e3/uL</td>
<td>4 - 10</td>
</tr>
<tr>
<td>RBC</td>
<td>4.82</td>
<td>10^e6/uL</td>
<td>3.5 - 5.5</td>
</tr>
<tr>
<td>HGB</td>
<td>13.6</td>
<td>g/dL</td>
<td>11 - 16</td>
</tr>
<tr>
<td>HCT</td>
<td>41.5</td>
<td>%</td>
<td>37 - 54</td>
</tr>
<tr>
<td>MCV</td>
<td>86</td>
<td>fL</td>
<td>80 - 100</td>
</tr>
<tr>
<td>MCH</td>
<td>28.2</td>
<td>pg</td>
<td>27 - 34</td>
</tr>
<tr>
<td>MCHC</td>
<td>32.8</td>
<td>g/dL</td>
<td>32 - 36</td>
</tr>
<tr>
<td>RDW-CV</td>
<td>14.3</td>
<td>%</td>
<td>11 - 16</td>
</tr>
<tr>
<td>RDW-SD</td>
<td>43.6</td>
<td>%</td>
<td>35 - 56</td>
</tr>
<tr>
<td>PLT</td>
<td>191</td>
<td>10^e3/uL</td>
<td>150 - 450</td>
</tr>
<tr>
<td>PCT</td>
<td>0.21</td>
<td>%</td>
<td>0.108 - 0.282</td>
</tr>
<tr>
<td>MPV</td>
<td>10.7</td>
<td>fL</td>
<td>6.5 - 12</td>
</tr>
<tr>
<td>PDW</td>
<td>16.3</td>
<td></td>
<td>9 - 17</td>
</tr>
<tr>
<td>Lymphocytes (%)</td>
<td>1.19</td>
<td>10^e3/uL</td>
<td>0.8 - 4</td>
</tr>
<tr>
<td>Monocytes (%)</td>
<td>0.34</td>
<td>10^e3/uL</td>
<td>0.12 - 1.2</td>
</tr>
<tr>
<td>Neutrophils (%)</td>
<td>5.27</td>
<td>10^e3/uL</td>
<td>2 - 7</td>
</tr>
<tr>
<td>Eosinophils (%)</td>
<td>0.02</td>
<td>10^e3/uL</td>
<td>0.02 - 0.5</td>
</tr>
<tr>
<td>Basophils (%)</td>
<td>0.02</td>
<td>10^e3/uL</td>
<td>0.00 - 0.10</td>
</tr>
<tr>
<td>Monocytes (%)</td>
<td>17.4</td>
<td>%</td>
<td>10 - 50</td>
</tr>
<tr>
<td>Neutrophils (%)</td>
<td>5</td>
<td>%</td>
<td>3 - 12</td>
</tr>
<tr>
<td>Monocytes (%)</td>
<td>77</td>
<td>%</td>
<td>50 - 70</td>
</tr>
<tr>
<td>Eosinophils (%)</td>
<td>0.3</td>
<td>%</td>
<td>0.5 - 5.0</td>
</tr>
<tr>
<td>Basophils (%)</td>
<td>0.3</td>
<td>%</td>
<td>0.0 - 1.0</td>
</tr>
<tr>
<td>NE#/LY#</td>
<td>4.43</td>
<td>10^e3/uL</td>
<td></td>
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</tbody>
</table>

**Serum ACE level**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Result</th>
<th>Unit</th>
<th>Reference Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum ACE level</td>
<td>80.0</td>
<td>U/L</td>
<td>13.3 - 63.9</td>
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</tbody>
</table>

**Other biochemical results are within normal limits.**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Result</th>
<th>Unit</th>
<th>Reference Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glukoz (Serum)</td>
<td>102</td>
<td>mg/dL</td>
<td>70 - 110</td>
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<tr>
<td>Kreatinin</td>
<td>0.70</td>
<td>mg/dL</td>
<td>0.36 - 1.2</td>
</tr>
<tr>
<td>GFR</td>
<td>95.0</td>
<td>ml/dk/1 m²</td>
<td>70 - 140</td>
</tr>
<tr>
<td>Protein (Serum)</td>
<td>76.4</td>
<td>g/L</td>
<td>60 - 85</td>
</tr>
<tr>
<td>Albümin (Serum)</td>
<td>48.0</td>
<td>g/L</td>
<td>32 - 52</td>
</tr>
<tr>
<td>Kalsiyum (Ca)</td>
<td>9.9</td>
<td>mg/dL</td>
<td>8.6 - 10.6</td>
</tr>
<tr>
<td>Sodyum (Na) (serum ve vücud sıvıları, her biri)</td>
<td>139</td>
<td>mmol/L</td>
<td>133 - 150</td>
</tr>
<tr>
<td>Potasyum</td>
<td>6</td>
<td>mmol/L</td>
<td>3.3 - 5.5</td>
</tr>
<tr>
<td>Klor (Cl)</td>
<td>103</td>
<td>mmol/L</td>
<td>95 - 115</td>
</tr>
<tr>
<td>Aspartat transaminaz (AST)</td>
<td>13</td>
<td>U/L</td>
<td>&lt; 40</td>
</tr>
<tr>
<td>Alanin aminotransferaz (ALT)</td>
<td>15</td>
<td>U/L</td>
<td>&lt; 40</td>
</tr>
<tr>
<td>Laktik Dehidrogenez (LDH) (Serum)</td>
<td>215</td>
<td>U/L</td>
<td>&lt; 247</td>
</tr>
<tr>
<td>CRP</td>
<td>4.4</td>
<td>mg/L</td>
<td>&lt; 5, nizelik&gt;5, Normali 0.5</td>
</tr>
</tbody>
</table>
Thorax ve Abdomen CT

- Thorax ve Abdomen CT with contrast (07.11.2023):
  - Subcarinal, bilateral paratracheal and hilar lymph nodes, the largest of which was 25x20mm in size, were observed.

- Liver size is normal. Liver density decreased secondary to hepatosteatosis. Multiple cystic lesions were observed in the liver parenchyma, the largest of which was 40x38 mm in size in segment 8. The left lobe of the liver extends variationally anterior to the spleen. Intrahepatic bile ducts and vascular structures were observed in normal width and variation. The gallbladder location is normal.
PET CT (20.11.2023)

• In both lung parenchyma, several reticular nodular appearances of 3-4 mm in width with no significant FDG uptake were observed.

• In the mediastinum, multiple lymph nodes with moderate FDG uptake (SUVmax: 5.30) were observed in the right upper paratracheal, left prominent prevascular areas, both lower paratracheal, subcarinal and both hilar areas, the largest of which reached 29 mm in the subcarinal.

• Millimetre-sized nodularities were observed in both breast parenchyma and no significant FDG uptake was detected in these areas. Evaluation with USG is recommended.

• In the liver, diffusely located ametabolic cystic lesions reaching 33 mm in size at the level of segment 5-7 were found covering both lobes.

• In the abdomen, multiple lymph nodes were observed in the aortocaval, paracaval areas and peripancreatic areas around the spleen without subantimetric millimetric significant FDG uptake.

• Conclusion: LAMs with moderate FDG uptake in the mediastinum and multiple lymph nodes in the left lower cervical region in the neck and abdomen without significant FDG uptake were interpreted in favour of infectious granulomatous processes (sarcoidosis) and evaluation in the presence of histopathological findings is recommended. Her iki akciğer parankiminde birkaç adet retiküler formda 3-4 mm genişliğinde kaydadeğer FDG tutulumu saptanmayan nodüler görünüm izlenmiştir.