

# Atypical respiratory auscultation

Joana Sotto Mayor,<sup>1</sup> Carolina Monteiro,<sup>2</sup> Yuliya Shvets,<sup>2</sup> Pedro Teixeira<sup>2</sup>

<sup>1</sup>Department of Internal Medicine, Hospital de Braga, Braga, Portugal  
<sup>2</sup>CUF Porto, Porto, Portugal

## Correspondence to

Dr Joana Sotto Mayor,  
s.mayor.joana@gmail.com

Accepted 11 July 2016

## DESCRIPTION

An 89-year-old man, with a history of thyroid papillary carcinoma with lymph node and skin metastasis, was admitted to the emergency department with deterioration of his general state and refusal to eat. The patient was without any other associated complaints. The physical examination noted an uncooperative and disoriented patient, pale and dehydrated. The patient had slight tachypnoea, with SpO<sub>2</sub> of 90% (without oxygen supplement). His pulse rate was 102 bpm, and his blood pressure was 105/65 mm Hg. He was without fever and tachycardic. On pulmonary auscultation vesicular murmur was diminished in the left base with presence of atypical adventitious sounds along the side edge of the left hemithorax extending to the supraclavicular region. His abdomen was innocent and there was no peripheral oedema. Blood results showed no significant changes. Chest X-ray showed hypotransparency at left base, with intestinal herniation along the side edge of the left hemithorax to the pulmonary apex with a clear reduction in the ipsilateral lung field (figures 1 and 2). It was found that the adventitious sounds at thoracic auscultation, exacerbated after meals, were effectively bowel sounds from the colon.

The patient was admitted to palliative care service for symptomatic treatment. We opted not to perform thoracic CT as there was no clinical



**Figure 2** Intestinal herniation along the side edge of the left hemithorax to the pulmonary apex with a clear reduction in the ipsilateral lung field.

repercussion and it would not bring him any additional benefit.

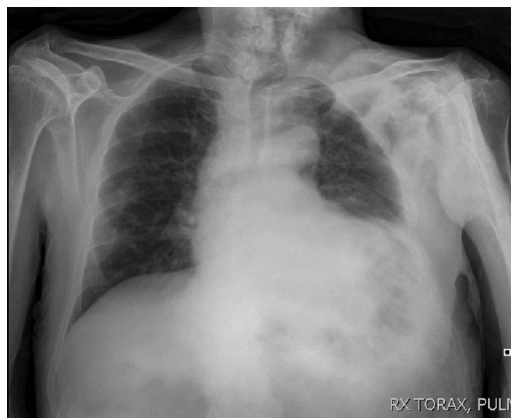
## Learning points

- ▶ The relevance of this case is to emphasise the fact that the clinical, analytical and imaging investigation should be performed in harmony with the clinical setting and individual patient, without subjecting them to pointless treatment.
- ▶ This case emphasises that the educational message, that investigation choices for patients should be guided by the 'clinical setting and individual patient, without incurring in a pointless treatment', is one that is important. The practice of taking into account the overall clinical picture and potential management when investigating patients should be the cornerstone of a multidisciplinary holistic management decision, and in palliative care, this message is very important.

**Competing interests** None declared.

**Patient consent** Obtained.

**Provenance and peer review** Not commissioned; externally peer reviewed.



**Figure 1** Intestinal herniation along the side edge of the left hemithorax to the pulmonary apex with a clear reduction in the ipsilateral lung field.



CrossMark

**To cite:** Sotto Mayor J, Monteiro C, Shvets Y, et al. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2016-216310

Copyright 2016 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.  
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact [consortiasales@bmjgroup.com](mailto:consortiasales@bmjgroup.com)

Visit [casereports.bmj.com](http://casereports.bmj.com) for more articles like this and to become a Fellow