



1ST PLACE



"NACHO" Average Chest Pain
Fuels Angina in a Young Female. Could it be COVID?

Corey Morris, DO, PGY-1, Rachel Harmon, GMS-III, Nicole Tomczuk, DO, PGY-1, and Jeffrey Goben, MD

Lake Cumberland Regional Hospital Residency Program



Lake Cumberland Regional Hospital Residency Program

ABSTRACT

Background: Chest pain is a common symptom of COVID-19. However, COVID-19 is not the only cause of chest pain. Other causes include anxiety, panic disorder, and other medical conditions.

Case Summary: A 28-year-old female with a history of anxiety and panic disorder presented with chest pain. She was initially treated with anxiety medications but her symptoms persisted. She was eventually diagnosed with COVID-19 after a positive PCR test.

Conclusion: COVID-19 can present with chest pain that mimics anxiety or panic disorder. A thorough history and physical examination, along with appropriate testing, is essential for accurate diagnosis and management.

OBJECTIVE INFORMATION

History

Chief Complaint: Chest pain, anxiety, panic disorder.

Presenting Symptoms: Chest pain, anxiety, panic disorder.

History of Present Illness: The patient presented with chest pain, anxiety, and panic disorder. She had a positive PCR test for COVID-19.

Physical Examination: The patient had a normal physical examination.

Investigations: ECG, chest X-ray, and COVID-19 PCR test.

Diagnosis: COVID-19.

Management: Supportive care, anxiety medications, and COVID-19 treatment.

Outcome: The patient recovered from COVID-19 and her anxiety and panic disorder improved.

DISCUSSION

COVID-19 can present with chest pain that mimics anxiety or panic disorder. A thorough history and physical examination, along with appropriate testing, is essential for accurate diagnosis and management.

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History of Present Illness: The patient presented with chest pain, anxiety, and panic disorder. She had a positive PCR test for COVID-19.

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PLAN

1. Supportive care for COVID-19.

2. Anxiety medications.

3. COVID-19 treatment.

2ND PLACE

The Nerve of it All
Unpacking Guillain-Barre Syndrome: An insight into the Rare and Complex Disorder

Swathi Mohankumar, MD | James Lutz, DO | Jonathan Raley, MD
Lake Cumberland Regional Hospital, Family Medicine Residency Program

Introduction

Guillain-Barre Syndrome (GBS) is an acute inflammatory demyelinating polyradiculoneuropathy (AIDP) that causes weakness, numbness, and paralysis. It is a rare and complex disorder that can be life-threatening.

Pathophysiology

GBS is caused by an autoimmune reaction that attacks the peripheral nerves. This leads to demyelination and axonal damage, resulting in weakness, numbness, and paralysis.

Diagnosis


GBS is diagnosed based on clinical presentation and electrodiagnostic studies. The clinical presentation includes acute onset of weakness, numbness, and paralysis. Electrodiagnostic studies show demyelination and axonal damage.

Management

GBS is treated with intravenous immunoglobulin (IVIg) or plasma exchange (PE). Supportive care, including respiratory support and physical therapy, is also important.

Prognosis

Most patients with GBS recover within 6-8 weeks. However, some patients may have long-term weakness and disability.



Conclusion

GBS is a rare and complex disorder that can be life-threatening. A thorough history and physical examination, along with appropriate testing, is essential for accurate diagnosis and management.

References

1. [Reference 1]

2. [Reference 2]

3. [Reference 3]

References

1. [Reference 1]

2. [Reference 2]

3. [Reference 3]

3RD PLACE

ARB-Induced Angioedema
Jaysie Smith, D.O., PGY-1
Lake Cumberland Regional Hospital Family Medicine Residency Program

Introduction

Angiotensin receptor blockers (ARBs) are commonly used for hypertension and heart failure. However, they can cause a rare but potentially life-threatening side effect called angioedema.

Case Summary

A 65-year-old female with a history of hypertension and heart failure presented with facial swelling and difficulty breathing. She was initially treated with antihypertensive medications but her symptoms worsened. She was eventually diagnosed with ARB-induced angioedema after a positive PCR test for COVID-19.

Management

ARB-induced angioedema is treated with corticosteroids and antihistamines. Supportive care, including respiratory support, is also important.

Prognosis

Most patients with ARB-induced angioedema recover within 24-48 hours. However, some patients may have long-term swelling and disability.



Conclusion

ARB-induced angioedema is a rare but potentially life-threatening side effect. A thorough history and physical examination, along with appropriate testing, is essential for accurate diagnosis and management.

References

1. [Reference 1]

2. [Reference 2]

3. [Reference 3]

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1. [Reference 1]

2. [Reference 2]

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