

# Prikaz slučaja

## PS01 22-GODIŠNJA PACIJENTICA S BOLI U PRSIMA – ANKSIOZNOST ILI NEŠTO DRUGO?

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Ključne riječi: B-limfom; bol u prsima; medijastinalna masa

**UVOD:** Bol u prsima jedan je od najčešćih kliničkih entiteta s kojim se susrećemo na objedinjenom hitnom bolničkom prijemu (OHBP), a prema uzroku može se podijeliti na bol kardijalnog i nekardijalnog podrijetla. Cilj je rada ukazati na važnost dijagnostičke obrade pacijenta s boli u prsima.

**PRIKAZ SLUČAJA:** 22-godišnja pacijentica javila se na OHBP zbog retrosternalne boli koja se širila pod lijevu dojku, dispneje koja je trajala nekoliko dana i suhog kašlja. Neposredno prije pojave ovih simptoma bila je prehladena. Ne boluje od kroničnih bolesti, u terapiji koristi oralne kontraceptive, ne puši. Fizikalni pregled bio je uredan te je pacijentica, bez daljnje obrade, otpuštena kući, a simptomi su pripisani anksioznosti. Tijekom mjesec dana njezino se stanje pogoršalo, dispneja se pogoršavala u ekspiriju i pri naporu, povremeno je iskašljavala bezbojni sputum, smršavila je 5kg i javila su se noćna znojenja. Pacijentica se ponovno javila na OHBP, fizikalnim pregledom nađeni su odsutni plućni zvukovi na lijevoj bazi pluća i smanjen fremitus lijevo. Rentgenska (RTG) snimka toraksa pokazala je zasjenjenje u medijastinumu i pleuralni izljev lijevo; učinjena je torakocenteza, a uzorak je prema Lightovim kriterijima odgovarao eksudatu. Učinjen je CT-toraksa kojim je potvrđeno postojanje prednje medijastinalne mase. Zbog otežanog pristupa na medijastinum, a zbog sumnje na limfom, biopsija je učinjena iz uvećanih cervikalnih limfnih čvorova te je potvrđena dijagnoza B-limfoma. Započeto je kemoterapijsko liječenje i pacijentica se redovito prati kod hematologa.

**ZAKLJUČAK:** Svaki pacijent, neovisno o dobi, koji se prezentira s boli u prsima zahtjeva osnovnu dijagnostičku obradu koja uključuje elektrokardiogram i RTG srca i pluća.

## 22-YEAR-OLD FEMALE PATIENT WITH CHEST PAIN - ANXIETY OR SOMETHING ELSE?

Keywords: B-lymphoma; chest pain; mediastinal mass

**INTRODUCTION:** Chest pain is one of the most common clinical entities in the emergency room (ER) and it can be divided into the pain of cardiac and non-cardiac origin. This report aims to show the importance of diagnostic treatment for a patient with chest pain.

**CASE REPORT:** A 22-year-old female patient presented to the ER because of retrosternal pain that spread under the left breast, dyspnea that lasted for several days, and a dry cough. Before the onset of these symptoms, she had a cold. She doesn't suffer from chronic diseases, takes oral contraceptives, and doesn't smoke. The physical examination was normal, and the patient was discharged home without further treatment. The symptoms were attributed to anxiety. Over a month, dyspnea worsened on expiration and exertion, she occasionally coughed up colorless sputum, lost 5 kg and night sweats appeared. She returned to the ER, physical examination revealed absent lung sounds at the left lung base and decreased fremitus. Chest X-ray showed shadowing in the mediastinum and left-sided pleural effusion. Thoracentesis was performed and according to Light's criteria sample was exudate. A chest CT scan confirmed the existence of an anterior mediastinal mass. Due to the difficult access to the mediastinum, and due to the suspicion of lymphoma, a biopsy was performed from the cervical lymph nodes and the diagnosis of B-lymphoma was confirmed. Chemotherapy treatment was started and the patient is regularly monitored by a hematologist.

**CONCLUSION:** Every patient regardless of age, who presents with chest pain requires an electrocardiogram and a chest X-ray.