

Unilateral Lower Leg Edema and Dyspnea in a Female Patient

Myriam Jean Cadet, PhD, FNP-C

ABSTRACT

This is a case study describing a 48-year-old woman complaining of unilateral lower leg edema and dyspnea. Understanding the complexities of these symptoms can help the nurse practitioner to make timely decisions to save a life.

Keywords: DVT, PE, unilateral lower leg edema

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Leg edema and dyspnea often occur with other pathologic conditions.^{1,2} The challenge for outpatient and hospital-based nurse practitioners is to correctly recognize the constellation of symptoms to identify the underlying etiology for an accurate diagnosis and treatment. Often, the symptom of swelling of the lower extremities accompanied by dyspnea can be misattributed to separate etiologies; thus, the most critical clinical pathology is missed or misdiagnosed. This case report highlights a patient's chief complaint of unilateral lower leg edema and dyspnea, a complete history of the present illness, clinical reasoning for differential diagnoses, and diagnostic tests. Results of the tests, diagnosis, and treatment plan will be presented.

CASE PRESENTATION

Chief Complaint

A 48-year-old female patient, gravida 6, para 3, and abortus 3, arrived at the emergency department with a complaint of swelling and pain in the right lower leg. She reported difficulty in walking with shortness of breath (SOB) and palpitations. These symptoms started 4 days earlier.

History of Present Illness

The patient reported a progressive increase in episodic SOB for the past few days. She stated, "I cannot catch my breath when I walk." The pain in her right lower leg abates when not walking.

Past Medical History

Her medical history includes uterine leiomyoma, dysmenorrhea, heavy menstrual bleeding, obesity,

and anemia. Her past surgical history includes a fracture of the left arm 2 years ago. The patient has not traveled outside of the United States recently. Her immunizations are up-to-date.

Medications

Her medications include over-the-counter Centrum; Pfizer Inc, Kings Mountain, NC daily and Tylenol (acetaminophen), McNeil-PPC, Inc., PA 1,000 mg by mouth as needed for pain. She denies any allergies.

FAMILY HISTORY

The patient's family history is significant for hypertension, diabetes mellitus, and coronary artery disease. Her mother died at 65 years of age from a heart attack 2 years ago secondary to coronary artery disease. Her father is 72 years old and has diabetes. Both of her sisters have diabetes mellitus and hypertension. The patient is of African descent.

PERSONAL AND SOCIAL HISTORY

She smoked one-half pack of cigarettes every week for 15 years but stopped smoking last year. She denies any alcohol or recreational drug abuse. She usually socializes with coworkers and friends. She was married for 15 years and divorced last year. She plans to lose weight because she is obese but has a lack of motivation to exercise. She works as a clerk in a hospital at night.

REVIEW OF SYMPTOMS

Beyond the chief complaint and history of the present illness, the patient denies any loss of sensation, tingling, or numbness of the lower extremities.

PERTINENT PHYSICAL EXAMINATION FINDINGS

The patient's physical examination findings are as follows:

1. Vital signs: blood pressure of 146/97mm Hg, pulse of 103 beats/min and irregular, respiration rate of 22 breaths/min, temperature of 98.2°F, and oxygen saturation of 92% to 94% on room air and 94% to 96% on a 2-L nasal cannula; pain in the right leg rated at 6 on a pain scale; and weight of 222 lb with a body mass index of 40
2. Neurology: alert and oriented ×3, cooperative with no distress, and speech clear and coherent
3. Respiratory: tachypnea with shallow breathing and dyspnea on exertion
4. Cardiovascular: rate 103 beats/min, heart sounds normal with no murmurs; denies chest pain; bilateral right and left carotid, brachial, and radial pulses are +2; and left femoral, posterior tibial, and popliteal pulses are +1, but pulses are absent on the right side
5. Abdomen: distended, a solid mass is palpated; normal bowel sounds in all quadrants; and no liver enlargement or aortic bruits
6. Genitourinary: a bimanual pelvic examination reveals a smooth, moveable, nontender and firm mass, the enlarged uterus is palpable and felt above the pubic bone (equivalent to 12 weeks pregnant), and the uterus position is anteverted
7. Musculoskeletal: right lower leg has pitting edema (+2), tender, swollen, painful, and skin temperature warm to touch, but the left lower leg is normal

CASE STUDY QUESTIONS

1. Based on the patient's chief complaint, history of present illness, and physical examination, what are the differential diagnoses?
2. What would be the most appropriate initial laboratory, screening tool, and diagnostic imaging tests to order?
3. What is the most likely diagnosis to be considered?
4. Based on the confirmed diagnosis, what would be the most appropriate initial treatment for this patient?

If you believe you know the answers to the following questions, then test yourself and refer to page XXX for the answers.

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