

Case-Based Discussion Sessions:

The PFT Challenge

Disclosure Slide

- Presenter A
- Speaker, Boehringer Ingelheim/Phizer (Tiotropium)
- Presenter B
- Speakers Bureau: Merck
- Presenter C
- None

PFT CHALLENGE

CASE #1

Learning Objectives

- At the end of this session, you will be able to:
 - List unusual causes of wheezing
 - Recognize the clinical presentation of subglottic stenosis
 - Etc.

Specific objectives help you create a targeted presentation, and learners walk away with concrete, measurable knowledge.

(NOTE: you don't have to give away the diagnosis before the case presentation as we did here)

40 year old woman

- History of "childhood asthma"
- Mild dyspnea with exercise
 - Occasional post-viral wheezing
 - Symptoms controlled on ICS/LABA
- Evaluated pre-op for elective tubal ligation
- Physical exam normal
- PFTs obtained

Case presentation:
short and to-the-point.

Office Spirometry

- FVC 4.1 L (100%)
- FEV₁ 3.5 L (96%)
- FEV₁ / FVC 77%
- FEF 25-75% 3.88 L/sec (102%)
- FEF 50% 2.3 L/sec
- FIF 50% 1.7 L/sec
- FEV₁ + 8% with bronchodilators

An image would liven up this slide, even just a flow volume loop

Question 1

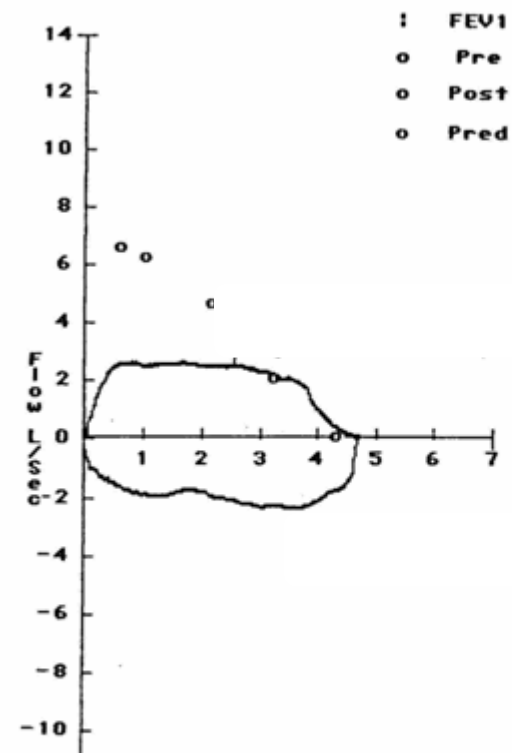
- Insert question here
- Answer A
- Answer B
- Answer C
- **Answer D**

2-3 questions per case
usually works well

The IT experts will convert
your questions into the
Audience Response format-
all you need here is the
question and answer
choices with the correct
answer highlighted

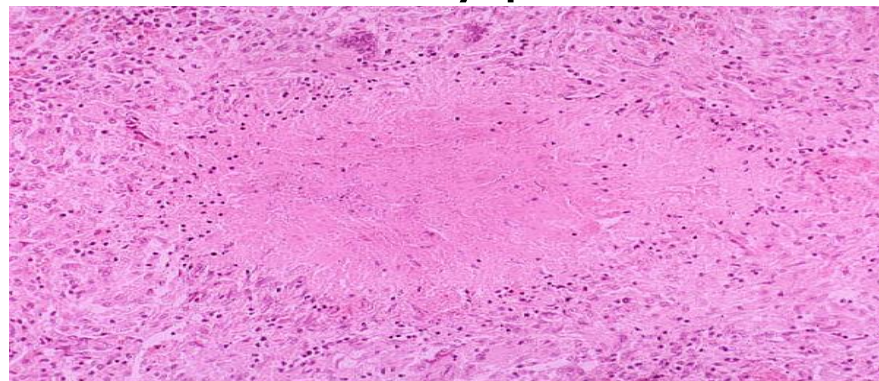
Answer: D (FIF50/FEF50 < I)

- Fixed airway obstruction
 - Strictures
 - Malignancy
 - Inflammatory disease
- Vocal Cord dysfunction
 - Adduction of anterior 2/3 of
 - vocal cords
 - Leaves 4-5mm posterior “chink”
 - Usually inspiratory (85%)
 - Bilateral (2%)



Patient follow-up

- At the time of surgery the ET tube could not be passed by anesthesiologist
- ENT exam revealed subglottic stenosis
- ENT/Pulmonary performed combined procedure



Bx of trachea with geographic necrosis;
Dx. Limited Wegener's



Normal endobronchial
mucosa; BAL eos < 1%

If appropriate for
the topic, consider
including a video

Images
should be
large- easily
seen from
the back of
the room

Subglottic stenosis

- **Most common cause is trauma (90%)**
 - Intubation/tracheostomy
 - Radiation (up to 20 years later)
 - Chemical irritation
- **Also seen with:**
 - Gastric acid reflux
 - Chronic infection
 - Inflammatory disease (GPA, sarcoid, relapsing polychondritis)

This is about the maximum amount of text you want on a slide. Any more than this, and your audience will be reading the slide rather than listening to you

Additional References

- Reference 1
- Reference 2
- Reference 3

A few carefully chosen references, whether key recent publications or good topic reviews, will encourage learners to continue their education after your session