



## **Introduction:**

Welcome to CUGH's bi-weekly clinical case-series, "Reasoning without Resources," by Prof. Gerald Paccione of the Albert Einstein College of Medicine. These teaching cases are based on Prof. Paccione's decades of teaching experience on the medical wards of Kisoro District Hospital in Uganda. They are designed for those practicing in low resource settings, Medicine and Family Medicine residents, and senior medical students interested in clinical global health. Each case is presented in two parts. First comes a case vignette (presenting symptoms, history, basic lab and physical exam findings) along with 6-10 discussion questions that direct clinical reasoning and/or highlight diagnostic issues. Two weeks later CUGH will post detailed instructors notes for the case along with a new case vignette. For a more detailed overview to this case-series and the teaching philosophy behind it, see [Introduction to "Reasoning without Resources"](#). Comments or question may be sent to Prof. Paccione at: [gpaccion@montefiore.org](mailto:gpaccion@montefiore.org)

**Note:** If you would like to be notified when a new case is posted (along with instructor notes for the previous one), send your e-mail to Jillian Morgan at [jmorgan@CUGH.org](mailto:jmorgan@CUGH.org).

## **About the Author:**

Dr. Gerald Paccione is a Professor of Clinical Medicine at the Albert Einstein College of Medicine in the Bronx, New York. His career has centered on medical education for the past 35 years – as a residency Program Director in Primary Care and Social Internal Medicine at Montefiore Hospital, and director of the Global Health Education Alliance at the school. He has served on the Boards of Directors of Doctors for Global Health, Doctors of the World USA, and the Global Health Education Consortium. Dr. Paccione spends about 3 months a year in Uganda working on the Medicine wards of Kisoro District Hospital where he draws examples for the case studies.

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## **CASE 32 – Wasted from Kampala**

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A 23 year old woman is brought to Kisoro District Hospital after a 10 hour bus ride from Kampala. HIV was recently diagnosed 2 weeks ago after a wasting illness of more than 6 months and she was then abandoned by her husband with whom she had gone to Kampala about 3 years ago. She is now returning to her family. Her CD<sub>4</sub> count was found to be 27 in Kampala prior to her return to Kisoro, and treatment was neither given nor planned as she recalled.

She complains of dry cough for over 2 months without sputum, slowly growing lumps in her neck for months, vomiting with decreased oral intake for weeks, and diarrhea (watery, without blood, about 4-6x/day) for 1 week. She's had no abdominal pain, headaches, or fevers that she's noted. She's been too weak to walk for 3 days and is being carried in by her family.

### **Physical Exam:**

Very cachectic, weak, but fashionably dressed and fully made-up, tearing and distraught

BP 64/40 (repeated x2); HR 80; T° 92° per rectum R 24

mouth: thrush diffusely; no violaceous macules/plaques on palate

eyes: no icterus;

fundus: discs sharp; right eye 2 round white opacities ~ .1-.2 disc diameters in size, at 11:00/6:00, 1 and 3 disc diameters away

neck: supple to movement in all directions

firm, non-tender, non-fixed 1-2cm lymph nodes in posterior cervical chain bilaterally

thyroid normal;

lungs: dullness to percussion bilaterally at the bases, with overlying *increased* breath sounds without crackles but prolonged expiratory phase;

cardiac: S<sub>1</sub> S<sub>2</sub> without murmurs, rubs



**5. Which organs are most frequently involved in this disease process, and what are its most common presenting symptoms?**

**6. What available diagnostic tests might confirm the diagnosis?**

**7. In this case, which 3 *diagnostic* questions could an empiric *treatment* strategy help address?**

**Describe a treatment approach for this patient that answers key diagnostic questions.**