

Image Article

Idiopathic Right Diaphragm Paralysis

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A 56 years old female presents to the A&E with complains of difficulty in breathing as soon as she lies down especially at night when she lies down, which improves when she sits. She is known diabetic and hypertensive. She uses her medications irregularly. She is also a patient with depression (divorced, feels lonely) on Resperidone. A recent echocardiogram had shown normal left ventricular systolic function with impaired relaxation attributed to hypertensive heart disease. There was no significant valvular heart disease. There was moderate pulmonary hypertension.

On arrival her vitals were:

BP: 201/110

PR: 85 beats/min

RR: 23 cycles/min

SpO2: 99% at room air

Temp: 36.8 C

RBG: 9.7mmol/l

On examination: Alert, not cyanosed, not tachypneic when seated (but significant respiratory distress as soon as she lies down), no dehydration, no pallor. S1, S2 heard, no added cardiac sounds. Chest exam was normal. The patient had some bilateral lower limb pitting edema. Attached is the Chest X-ray



Figure: Chest X-ray

Attached is the fluoroscopy video: <https://www.dropbox.com/s/ow903ip38ffoatj/Diaphragm%20paralysis.mp4?dl=0>

Case can be confused for PND. The observed immediate symptoms of breathing difficulty and chest roentgenogram findings served as the clue for diagnosis.

Subsequent CT of chest did not reveal any mass or any identifiable cause of the right phrenic nerve palsy.