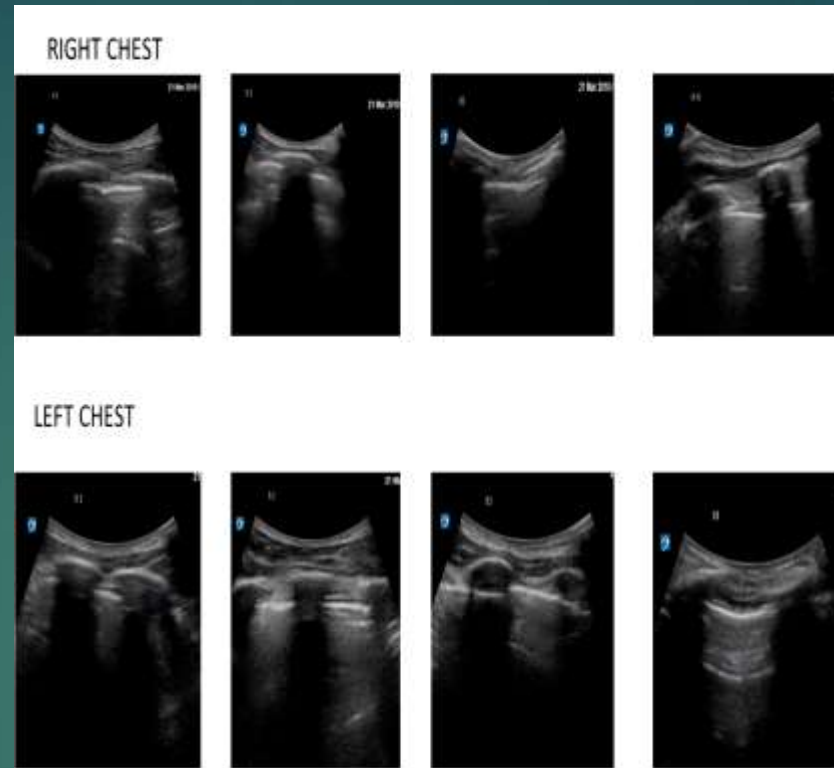


COPD exacerbation vs Acute Heart Failure

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Case Presentation: A 79 year old male patient with h/o COPD presented with acute SOB and hypertensive. Chest had bilateral crackles and wheeze. COPD exacerbation and acute pulmonary edema with 'cardiac' wheeze were the differentials. Patient was managed with nebulized bronchodilators, steroids and NIV. Isosorbide dinitrate infusion was considered, but prior to that lung ultrasound was done.

Management and Outcome: 8 zone lung ultrasound showed no B line burden and hence he was not thought to be in acute pulmonary edema. Patient was managed only for COPD exacerbation and made good progress with the treatment.



Key learning points: Lung ultrasound B-line score is highly specific for identifying patients with acute pulmonary edema.

When used in acute setting, it adds value to narrow the diagnosis, facilitating decision-making in the assessment of acutely dyspneic patients, in whom acute pulmonary edema is one of the differential diagnoses, thus minimizing unnecessary treatment.

In fact use of potent antihypertensive infusion in case of infection triggered COPD exacerbation could have led to a poorer outcome.

Reference: *Pulmonary Ultrasound in Patients with Heart Failure - Systematic Review Rafael Tostes Muniz et al*