

Unusual “Common Cold”

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Stanley is a late 30-year-old gentleman working in a local automobile factory. He was brought to my clinic by his wife because of fever, productive cough and sore throat. He had cold like symptoms one week ago during weekend. He went to a local Urgent Care Center and was told that he had cold. He was treated with 2 shots and was told to take a good rest and drink plenty of fluid. His symptom improved in the first 1-2 days and then he developed fever, productive cough with yellow-green phlegm and sore throat later at night. He went to local Emergency Room and spent 3 hours waiting for ER physician. Without any test and even physical exam, he was told that he had influenza; he was prescribed anti-viral medication and was discharged to home.

His symptoms did not improve but actually got worse. His wife insisted that he must take a sick leave and made appointment in my clinic. I reviewed his medical history and did physical examination, chest x-ray and influenza DNA test. The x-ray and influenza test ruled out pneumonia and influenza. My clinical impression is acute bacterial bronchitis. I gave him antibiotic shot and oral antibiotic. He was discharged home.

The patient was brought to my clinic 2 weeks later complaining of persistent cough. He told me that his initial symptom was resolved after antibiotic treatment in one week. He cancelled the follow-up appointment. The following week, he developed cough and some shortness of breath, which was progressively getting worse. He went to the same urgent care. He was treated with the same two shots and prescribed some anti-cough medication. The symptom again was improved in the first one or two days and then failed to work. I examined the patient and found that he had wheezing. I further asked more questions, he told me that he had asthma when he was a kid. My clinical impression was cough variants of asthma induced by recent upper respiratory infection and bronchitis. He was treated as mild asthma with prescription medication. He never showed up for follow-up visit. His wife came to my clinic for her regular visit and told me that his asthma was completely resolved after one week of treatment.

This is a typical case we often see in clinic. The patients usually like to use urgent care and ER for quick symptom relief. The urgent care approach is symptom relief by giving intramuscular antibiotic and steroids shots, which definitely will help the symptoms but lack the correct diagnosis and treatment plan. The ER is designed to evaluate severity of diseases and make decision if the patient needs inpatient care. The patient should go back to their primary care physician to get correct diagnosis and proper treatment of the diseases.

This case also illustrates the importance of correct diagnosis and understanding of the mechanism of disease development. The diagnosis and treatment plan needs to be adjusted in the different stage of disease development. All treatment should be based on correct diagnosis and should be individualized to the specific patient. Common cold sometimes can be unusual if you are not treated properly.

In my 30 years of practicing medicine, I did see two cases of really unusual cold, both of which resulted in death. By the way, I was not the PCP for these two patients. A 17-year-old young man was treated as common cold for 10 days and developed severe bradycardia and hypothermia. He was admitted to ICU and died later. Postmortem autopsy showed acute necrotizing cardiomyelitis. Large amount of virus particle was found in the cardiac muscle cells. Another case was 27-year-old gentleman who had "common cold" for one week, then died at home after a party. Autopsy showed acute necrotizing pancreatitis. Some viral particle was found in the residual pancreatic cells. The cause was virus and alcohol. These two cases both occurred in summer time. Unseasonal cold can be early sign of severe diseases like above. If you have any health care questions, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!