

A rare feature of advanced COPD

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Declaration of interests: No conflict of interests declared

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A 75-year-old female with very severe airflow obstruction due to chronic obstructive pulmonary disease (COPD) was admitted with an acute exacerbation, and noted to have bilateral, symmetrical and very localised fixed wasting of her upper thigh muscles (Figure 1) that had been present for several years. There were no neurological symptoms (although she was functionally impaired due to advanced airflow obstruction), and no other areas of muscle wasting or sensory impairment. She had no other significant past medical history of note and was taking maximal inhaled treatment for COPD.

Measures to reduce breathlessness and facilitate more efficient breathing – such as adoption of different lying, seating and standing positions – are frequently advised in patients with COPD. The cause of this unusual, and as far as the authors are aware not previously reported, clinical sign only became apparent when she was seen to adopt the ‘tripod’ position (developed by the patient independently). This position (sitting or standing leaning forward and supporting the upper body with hands on knees or another surface) can be adopted to reduce the work of breathing by capitalising on the actions of the accessory muscles of the neck and upper chest (Figure 2). On further questioning, the patient had sat in this position for prolonged periods of time for many years. The putative mechanism behind the appearance was thought to be localised muscle atrophy due to the pressure effects of leaning. 

Figure 1 Localised fixed wasting of upper thigh muscles



Figure 2 The ‘tripod’ position adopted by the patient independently



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