



ORIGINAL RESEARCH PAPER

Emergency Medicine

A CASE OF PULMONARY EMBOLISM WITHOUT TYPICAL CHEST FINDINGS

KEY WORDS:

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INTRODUCTION:

pulmonary embolism is blockage of pulmonary artery or one of its branches by blood clot, fat, air, amniotic fluid, clumped tumor cell. recognized venous thromboembolism(pulmonary embolism and deep vein thrombosis) is responsible for >2.5 lac hospitalize patient and approx 50000death/year in us. because it is difficult to diagnose the incidence of pulmonary embolism is unknown, but approx 6.5 lac cases occurs annually.difficult diagnosis because of its varieties of sign and symptom in its presentation.

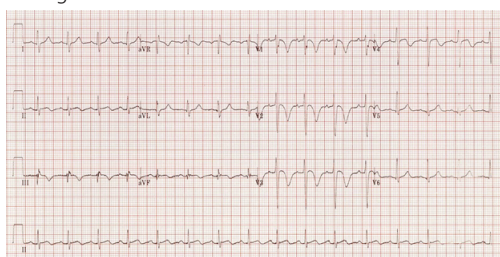
CASE:

55 yr nondiabetic hypertensive housewife presented with complain of breathlessness which was sudden acute on rest severe gradually increase severity associated with bilateral lower limb pain and weakness.pt not taking treatment for hypertension and stroke. p/h/o cv stroke 12 days back not taking treatment.

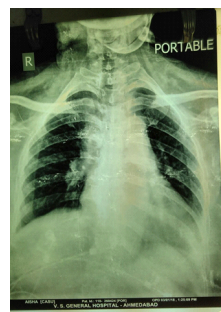
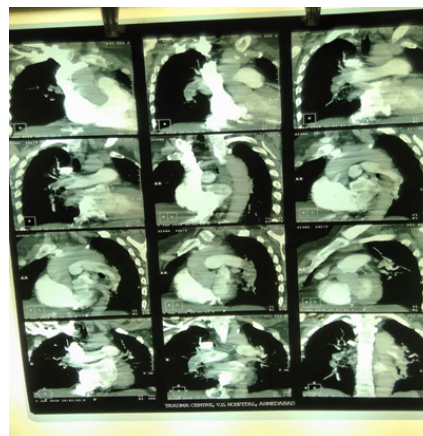
o/e : tachypnea(34/min), tachycardia(124/min), b.p. 100/80 mm of hg, perspiration, bilateral lower limb edema, scattered wheeze on chest auscultation.

INVESTIGATION: cbc:- HB:- 9.4, TC:-13500, Platelets:-1.2lakhs s.creat:-0.86,s.urea:-18,s.Na+:-136,s.k+:-4.3.

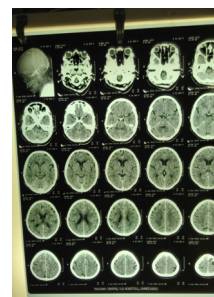
PT:-13.4, INR:-2.2, APTT:-26.3, D-DIMER:-1456 s. trop i:- NEGATIVE, abga with electrolyte :-respiratory alkalosis with hypoxia Pao2=50mm of Hg ncct brain, ctpa bilateral lower limb venous doppler, sinus tachycardia with st t changes in lead 2, 3, avl, v2-v5. tte shows thin rv dilated with thin rim of pericardial effusion EF 40-45% b/l lower limb doppler : left sup. femoral, popliteal, anterior tibial, posterior tibial artery showing patchy colour filling.



CTPA: saddle shape thrombus formation in bilateral pulmonary artery and its branches



Cx(r)PA



ncct brain:

TREATMENT

Treatment in the acute phase
Haemodynamic and respiratory support
Anticoagulation
Parenteral anticoagulation
Vitamin K antagonists
New oral anticoagulants
Thrombolytic treatment
Surgical embolectomy
Percutaneous catheter-directed treatment
Venous filters

DISCUSSION:

pulmonary embolism is frequent cause of death in developing countries. Pulmonary emboli differ considerably in size, no. , location , underlying disease including malignancy, trauma, and protein c/protein s deficiency. Classical triad of pleuritic chest pain, dyspnea, hemoptysis is rare. Mortality associate with pulmonary embolism can be reduce significantly by timely diagnosisleading to early prompt treatment. history and physical examination finding are non specific in patient with pulmonary embolism.

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