

CASE PRESENTATION

DVT/PE

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INTERN DOCTOR

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- 35/M, known HTN on amlodipine and Bendroflumethiazide, presented with a 1 day history of DIB, associated with chest pain, dry cough and palpitations with easy fatigability. No history of hemoptysis, no orthopnea and no PND
- Pt also reported a long standing history of unilateral left lower limb swelling associated with pain that worsened 3 days prior to admission, peripheral numbness and inability to use the affected limb.
- He is a smoker with 3 pack years and an occasional alcohol taker. He has been unable to walk for about 2 months and has been staying mostly in bed and sometimes in a chair. No h/o of trauma.

Airway and C-spine	In obvious respiratory distress Pt able to talk and support his neck	
Breathing	RR-32cpm,SP02-85% Chest is symmetrical, Equal expansion and air entry, coarse crackles with an expiratory wheeze Bilateral resonant percussion	Oxygen therapy SPO2-98% on 10L/min by mask

Circulation	Warm upper extremities Normal jvp No pallor BP=140/99mmHg, PR=103bpm CRT<2s Left lower limb visibly swollen ,hyperpigmented and about 3cm greater than right, warm, tender with absent peripheral pulses	2 IV large bore cannula Blood samples taken-CBC, D-DIMER, lipid profile, RBS, LFTS, RFTS,serum electrolytes, PT-INR
Disability	GCS=15/15, PEARL, soft neck, normal power in both limbs Intact sensation	RBS=6.1mmol/l

Exposure	Chest symmetrical moving with respiratory, no visible scars Abdomen-normal fullness, soft no palpable organs Left lower limb visibly swollen and hyperpigmented and unequal in size with right limb	PO morphine 10mls PO atovarstatin 40mg Iv ceftriaxone 2g Po amlodipine 10mg Po bendro 5mg
Wells score of about 3 D-DIMERS	1962ng/mL	PO morphine 10mls PO atovarstatin 40mg Sc enoxaparin 40mg Scheduled for CXR, ECG and doppler u/scan of the left leg

Follow up-15minutes

Airway	patent	
Breathing	RR=30cpm Equal chest expansion and air entry SPO2-96% on O2	Continued monitoring
Circulation	BP-140/93mmHg,PR-96,	
Disability	GCS-E3,V-4,M-5=12/15,	CXR, ECG and doppler u/s scan pending

S	Signs and symptoms	DIB, chest pain, dry cough, easy fatigability Unilateral left lower limb swelling with pain, hyperpigmented, peripheral limb numbness
A	Allergies	unknown
M	Medications	Amoxyl and paracetamol, local herbs
P	Past medical history	Known hypertensive, second admission, first admission was due to bronchitis
L	Last meal	Nonspecific
E	Events	Rarely moves away from bed due to the affected limb, he is smoker; 3 PACK years, occasional alcohol drinker

Problem list

- PE r/o pneumonia
- DVT
- PAD
- Acute coronary syndrome
- Bronchitis

Follow up

Investigations

□ Complete blood count

Hb-12.6g/dl

Platelets-170

Wbc- 9.8

Other investigations were still pending

- 3 hours later, patient deteriorated while on oxygen (15L/min), became unconscious, got a cardiac arrest; checked the airway, suctioned any secretions,
- CPR was attempted with 30 chest compressions at a rate of 100/min, with 2 breaths using a bag mask valve but unsuccessful.