

Pulmonary embolism: A case presentation

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- MC, 2/12 of DIB, generalized body swelling, orthopnea, PND, non-productive cough
- Symptoms worsened 3/52 prior to admission.
- Initially managed for 1.5 weeks in a peripheral hospital where she was managed for decompensated heart failure and pneumonia; discharged better condition off oxygen
- 2/7 had worsening DIB, body swelling, anorexia, GBW
- Also reported 4 episodes of hemoptysis
- No reduced urine output, no night sweats, no weight loss

- Smoked cigarettes 35 pack years
- Takes “Khat”
- No alcohol use
- O/E: sick looking, protruding eyes, J++A++O+++D+; R+ arm oedema > L+ arm oedema; no calf tenderness.
- CVS: cold extremities, tachycardic, elevated JVP, S1+S2+0, BP: 116/78, PR: 102/min
- R/S: decreased air entry on L+ infra-axillary region, with bronchial breathing, bilateral basal crepitations, SpO2: 94% on 5L/min O2.
- PA – normal
- CNS: fully conscious; GCS 15/15; PEARL

- CBC: WBC – 20.1, Hb-16.8, Neut 87.7%, MCV-109fL, PLT – 255
- TFTs: T3 – 2.01, T4 – 8.21 (low), TSH – 4.87 (slightly raised)
- APTT: 119.8s (raised)
- INR: 1.13 (normal)
- RFTs: normal
- LFTs: AST x7.8, ALT x 7.2, GGT x6.8, ALP x2.9, raised direct and total bilirubin

- Echocardiogram: Dilated cardiomyopathy with bi-ventricular failure and volume overload; moderate PHT; EF 36%
- EKG: sinus tachycardia, non-specific intraventricular conduction delay
- Chest x-ray: massive L+ pleural effusion
- Chest CT scan: moderate L+ sided empyema, w+ marked consolidation collapse; severe embolism of LPA, both lobar and segmental pulmonary arteries associated with peripheral wedge-shaped lung infarct; uncomplicated massive right pleural effusion w+ basal predominant compressive lung atelectasis

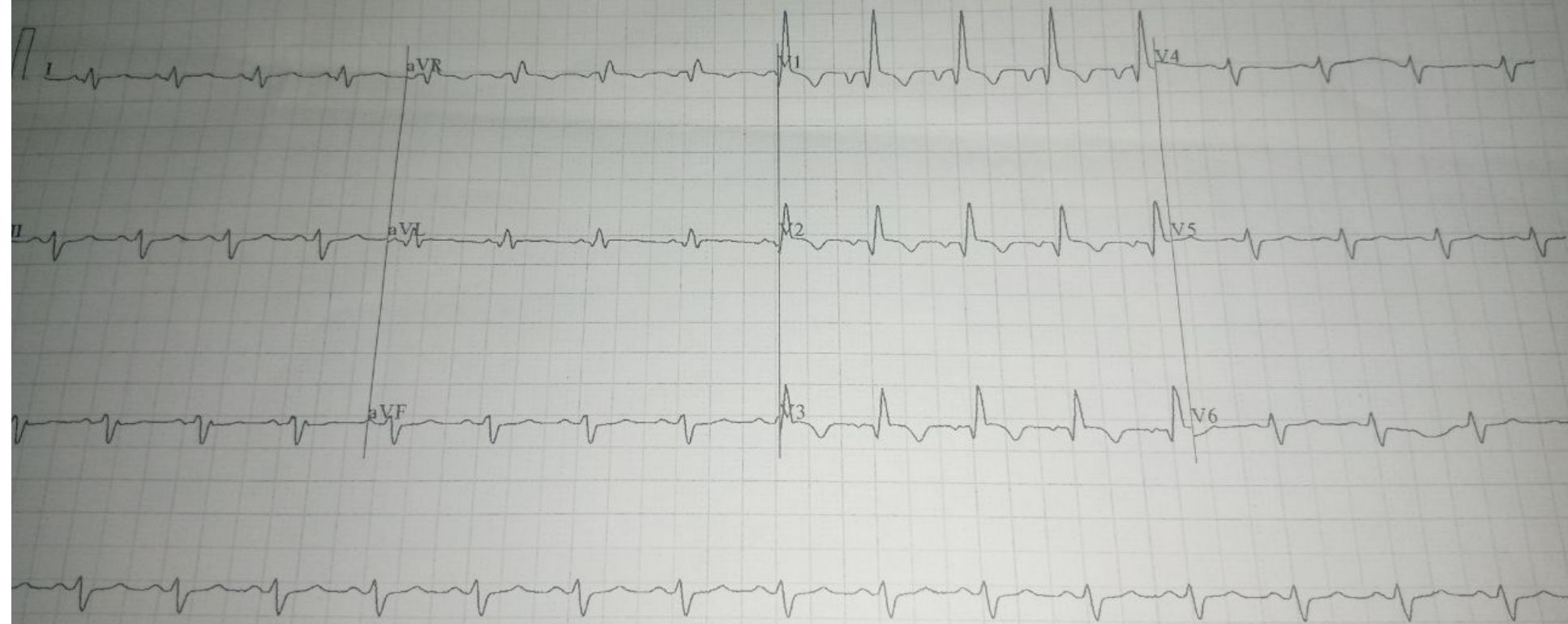
ID : MUTESI CHRISTINE 47Years Female cm kg
HR : 101 bpm
P : 102 ms
PR : 128 ms
QRS : 120 ms
QT/QTcBz : 356/462 ms
P/QRS/T : 42/-82/30
RV5/SVI : 0.196/0.271 mV

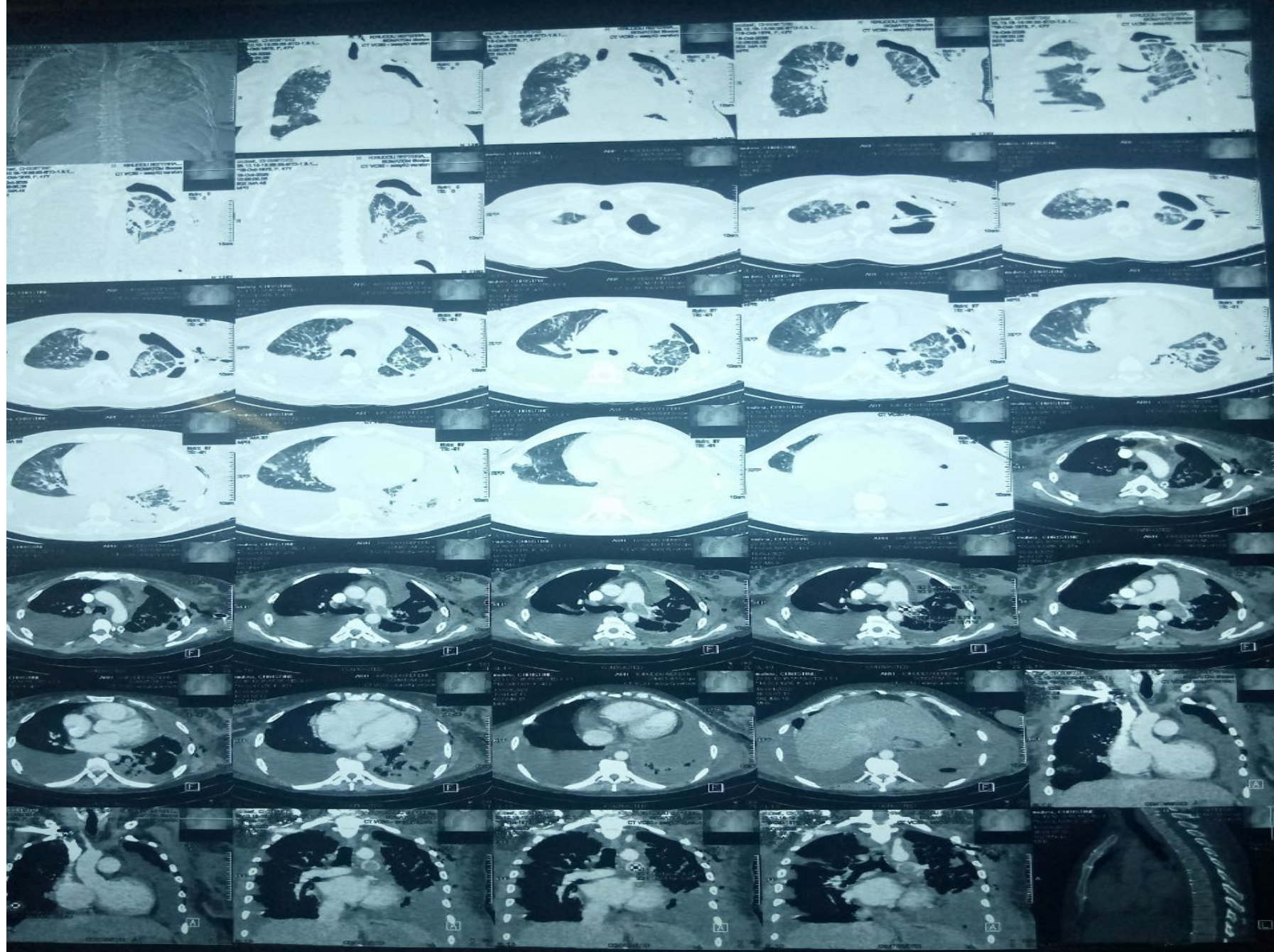
Diagnosis Information:

**SINUS
TACHYCARDIA**

Report Confirmed by: PROF. MONDO CHARLES KIIZA

② Non-specific Intraventricular Conduction Delay





dx

- PE
- Sepsis with lung focus
- ADHF 2^o to DCM
- R/o Ca lung??

mgt

- Thoracocentesis and thoracostomy tube insertion
- Do Pleural fluid analysis
- IV PISA 4.5g TDS x 5/7
- IV levofloxacin 500mg OD x5/7
- IV fluids NS:RL 2:1 500mls q8h x 1/7
- SC clexane 80mg BD x 5/7; PO warfarin 5mg OD x 5/7
- IV Lasix 40mg BD x5/7
- PO morphine 5mg q6h x 2/7
- Oxygen therapy

Mgt cont'd

- PO captopril 6.25mg OD x 1/52
- PO carvedilol 6.25mg BD x 1/52
- PO dapagliflozin 10mg OD x 1/52

Acknowledgements

- Dr. Miiró Emmanuel (JHO, Kiruddu National Referral Hospital) and other clinicians caring for the patient
- Seed Global Health