

## A challenging case of dyspnoea.

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### Introduction:

Pulmonary embolism (PE) is a common, acute, and potentially fatal condition<sup>1,2</sup>. It will be fatal in up to 25% of patients if left untreated, with anticoagulation substantially reducing the risk of death during the initial treatment period to less than 2%<sup>1</sup>.

The difficulty in many cases is multiple pathologies which make the diagnosis of associated PE clinically challenging.

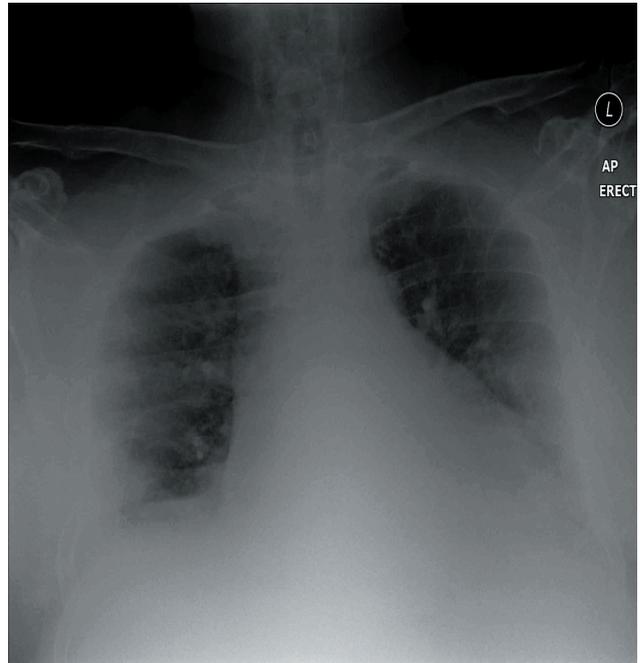
### Case Report:

A 75 year old male complained of breathlessness on exertion for a month, associated with palpitations. There was no history of chest pain, fever or productive cough. He had hypertension, obesity and atrial fibrillation with a past history of sub-massive pulmonary embolism requiring thrombolysis three years earlier and a raised pulmonary artery pressure of 50-55mmHg. He had refused the recommended warfarin therapy.

On examination he had a mildly elevated JVP and peripheral oedema. His ECG showed atrial fibrillation and the white cell count and CRP were elevated. A chest radiograph (figure 1) showed some consolidative change and so CT pulmonary angiography was thought to be inappropriate. A transthoracic echocardiogram (figure 2) was organised promptly which showed a large free thrombus in the right atrium with a pulmonary artery pressure of 60-65mmHg<sup>3</sup>. He was then treated for PE with low molecular weight heparin and warfarin, with effective symptom resolution<sup>4</sup>.

### Conclusion:

On a busy acute medical intake we encourage clinicians actively to seek the diagnosis of PE if relevant, and pursue investigations promptly as it will dramatically reduce the morbidity and mortality of the disease.

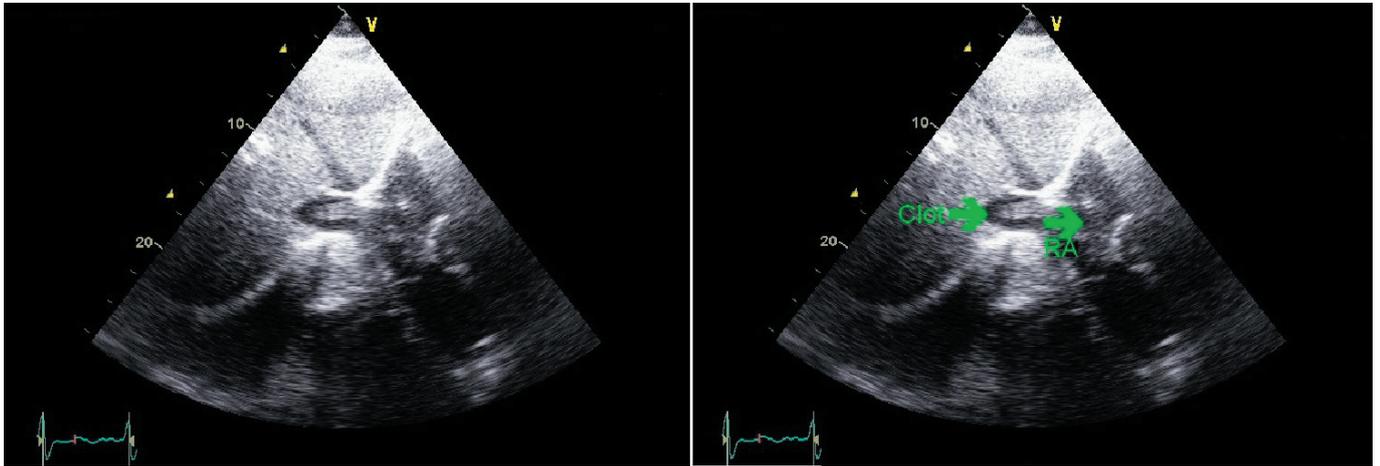


**Figure 1**

*AP Chest radiograph showing wedge-shaped shadowing at the right base.*

**Figure 2:**

*Subcostal view on Transthoacic ECHO showing a large right atrial thrombus.*



#### References:

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3. Watts JA, Marchick MR, Kline JA. Right ventricular heart failure from pulmonary embolism: key distinctions from chronic pulmonary hypertension. *Journal of cardiac failure* [Internet]. 2010 Mar [cited 2011 Aug 7];16(3):250-9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20206901>
4. Bounameaux H. Contemporary management of pulmonary embolism: the answers to ten questions. *Journal of internal medicine* [Internet]. 2010 Sep [cited 2011 Sep 28];268(3):218-231. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20626551>