BLACK AND WHITE- DO IT RIGHT

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CASE EXPLANATION:

A 45-year-old man with no previous co-morbidities presented to the Emergency Department with sudden onset of shortness of breath and was critically ill on arrival. He was hypotensive and tachycardic with Glasgow Coma Scale (GCS) of 7. He has had a motor vehicle accident 6 weeks prior, sustaining closed fracture of the right tibia-fibula and was treated conservatively with a cast. He sustained no other injuries at that time. Arterial blood gas (ABG) showed severe hypoxaemia and the decision for rapid sequence intubation was made after blood pressure (BP) improved with epinephrine. Unfortunately, he arrested during intubation. Cardiopulmonary resuscitation (CPR) commenced as per Advanced Cardiac Life Support (ACLS) algorithm and he subsequently regained return of spontaneous circulation. Bedside echocardiogram showed right atrial and ventricular dilation (as shown in video A), regional wall motion abnormality of the basal and mid-right ventricular free wall with apical hyper-contractility (McConnell's sign positive), paradoxical septal motion and dilated inferior vena cava. 2-point compression test revealed non-compressible left femoral vein with thrombus in situ (as shown on video C and D, in comparison to compressible right femoral vein (RFV) in a normal patient as per video B). CT pulmonary angiogram revealed massive pulmonary embolism. Patient was treated with streptokinase infusion and promptly transferred to the intensive care unit where he eventually succumbed.

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