

Pulmonary Embolism Confirmed by Chest Angiotomography Scan

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A 54-year old patient with no pathologic history, who shows a sudden dyspnea with pleuritic-like chest pain. The patient is admitted and is suspected of an ACS (acute coronary syndrome); the patient is hypotensive (75/40 mm Hg) and tachycardiac (120/min). The ECG showed negative T waves in V1-V2, and normal cardiac-enzyme levels. The symptomatic characteristics and the presence of high D-dimer levels indicated a diagnosis of pulmonary embolism (PE). A chest angiography scan showed the presence of a large emboli involving the central area of the pulmonary artery and both lateral branches. The clinical condition and the CT finding defined the emergency surgery. During the procedure, a large, fresh thrombus was found and removed from the pulmonary artery. The patient progressed with no postoperative complications.

