

Saddle Up for the Unexpected: Dizziness Revealing a Life-Threatening Embolism

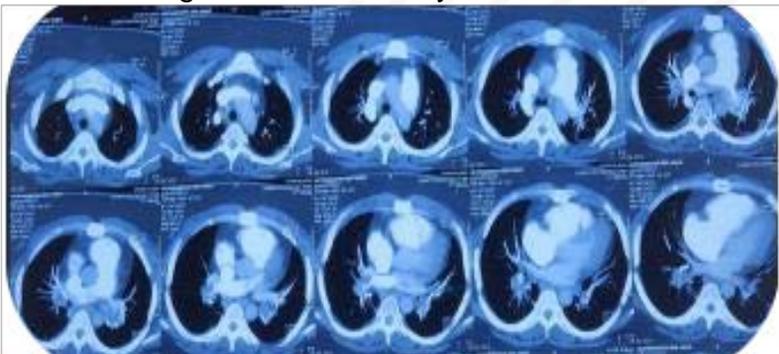
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Introduction

Being only 3-5% among the incidence of Pulmonary Embolism(PE) type, saddle PE ends up with deleterious effects on hemodynamics and mortality if left untreated. Saddle PE, rare type of PE that is life-threatening, defined by a large blood clot entrapped at the bifurcation of the pulmonary artery causing right ventricle strain.

Case

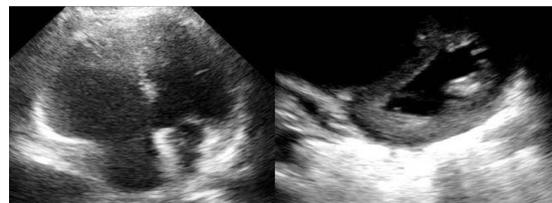
We received a morbidly obese 33 year old male from the nearest Klinik Kesihatan(KK), presented with dizziness and vomiting. This patient visited the KK for wound dressing on his leg which he attained from an accident months ago. Whilst dressing, he appeared dizzy, diaphoretic, followed by vomiting probably due to being hypotensive. He was given fluid resuscitation, subsequently responded well. On inspection, the wound on his leg was festering. He was referred for further management. At the emergency department(ED), a bedside echocardiogram(ECHO) was done for assessing fluid status which revealed right ventricle enlargement, flattened septum and McConnell sign indicating PE. However he was hemodynamically stable thus was started on anticoagulant. Blood investigations showed raised troponin I and D-dimer. We then proceeded with computed tomography pulmonary angiogram (CTPA) which discovered saddle PE. He was admitted to intensive care unit and discharged well after 9 days .



Keywords : pulmonary embolism, dizziness , vomiting

Discussion

Saddle PE is typically a huge blood clot in the pulmonary artery that can lead to heart failure and death. In this case, patient presented with dizziness and vomiting during dressing, may lead to cognitive bias on the atypical presentation rendering doctors to think of vasovagal pre-syncope or sepsis, thence delaying the need for CTPA and early referral. Also, the benefit of a bedside ECHO has discovered positive findings of McConnell sign indicating PE.



Conclusion

It is imperative to include PE in the differentials, when a morbidly obese patient presents with dizziness and transient hypotension. In the era of having ultrasound in ED, we can always perform bedside scan to look for embolus that may guide us to expedite intervention apart from just evaluating blood investigations. Early initiation of anti-coagulant once PE is detected and pre-scheduling thrombolysis in the event of hemodynamic instability are highly recommended.

References

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