

**Opinion**

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## Clots on the Run



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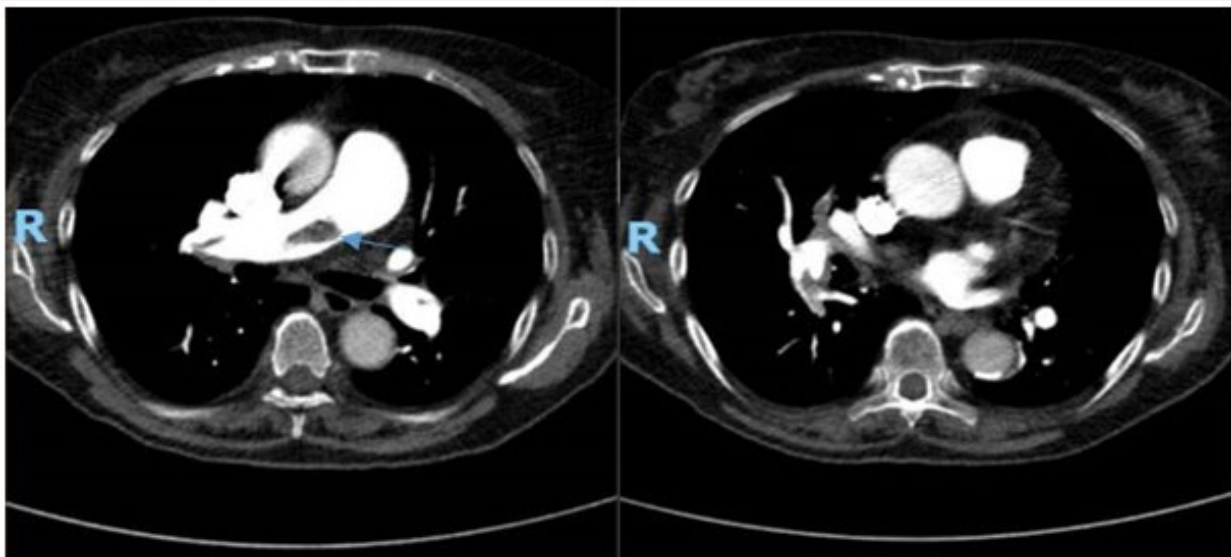
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### Opinion

An 86-year-old woman presented with severe dyspnea and pleuritic pain. She had a history of unprovoked pulmonary embolism and deep venous thrombosis eight years ago and was treated with acenocoumarol for 12 months. On admission, she was noted to have a blood pressure of 150/95 mm Hg and a pulse rate of 112 beats/min (regular). Arterial blood gasses: pCO<sub>2</sub> was 30 mm Hg (normal 35 - 48 mm Hg), pO<sub>2</sub> was 85 mm Hg (normal 75-100 mm Hg), HsTNT was 107 ng/l (normal 0-14

ng/l) and NT-proBNP was 240 pmol/l (normal <18 pmol/l). On CT-angiography, submassive pulmonary embolism at the bifurcation of the pulmonary arterial trunk was observed (arrow), in addition to peripheral emboli on both lung sides (Figure 1). She was observed in the intensive care unit because of the extensive spread of the clots. Initial treatment with low-weight heparin was followed by treatment with rivaroxaban, a factor X inhibitor [1]. The patient's vital parameters, tachycardia in particular, improved and she was sent to the internal ward.



**Figure 1:** Submassive central pulmonary embolism.

Three days after her initial presentation, she experienced new chest pain, that was mainly left-sided. Blood pressure, pulse rate and other controls remained unchanged. Because of the heaviness of her complaints, a new CT-scan was performed (Figure 2). The central embolus had disappeared; however, new small emboli were observed (arrow). The duration of complete resolution of pulmonary embolism (PE) is unknown. A study in which PE patients were evaluated by CT angiography scan after six weeks of therapy found that normalization occurred in

32 percent. In patients with atrial fibrillation, treated with rt-PA therapy, secondary thrombo-embolic complications due to incomplete thrombi dissolution have been described [2]. We next discuss the case. In hemodynamically stable patients, we do not routinely perform a second CT angiography or echocardiography to assess the dissolution of right heart or central pulmonary thrombus. The patient made a full recovery and was transferred to a nursing home.

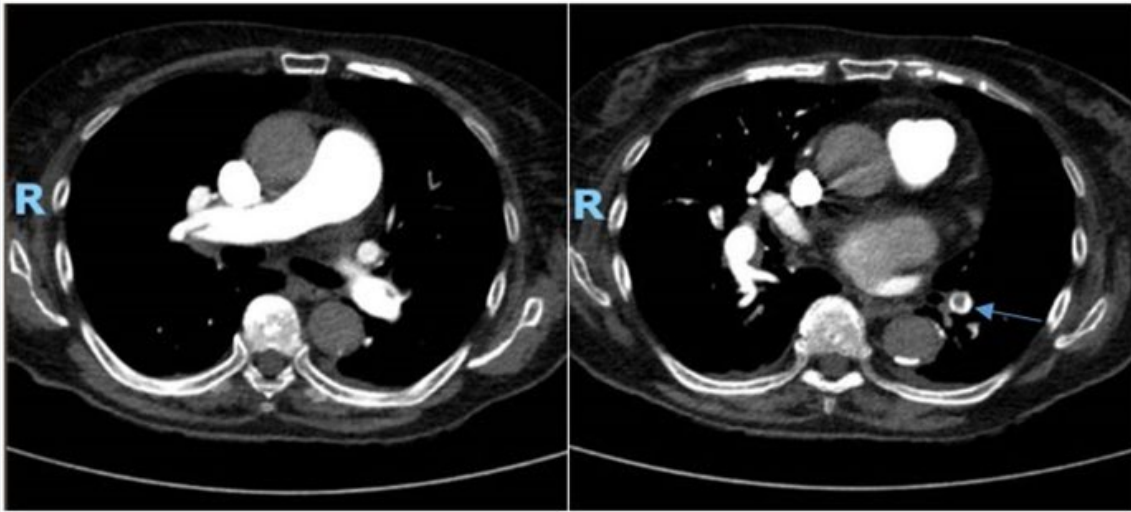


Figure 2: Dissolution of the central embolus with new smaller, fragmented, embolus.

### References

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