

# Qué hacer y cómo resolver TEP

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# Clinical Case: Past medical history

- Female, 69 yo
- Obesity; HTN; Type 2 DM; dyslipidemia
- Permanent AF (treated with anti-Vit K)
- Coronary artery disease:
  - Effort angina and positive stress test (2009)
  - PCI with EES for one vessel disease (circumflex artery)

# Clinical Case: Index Hospitalization

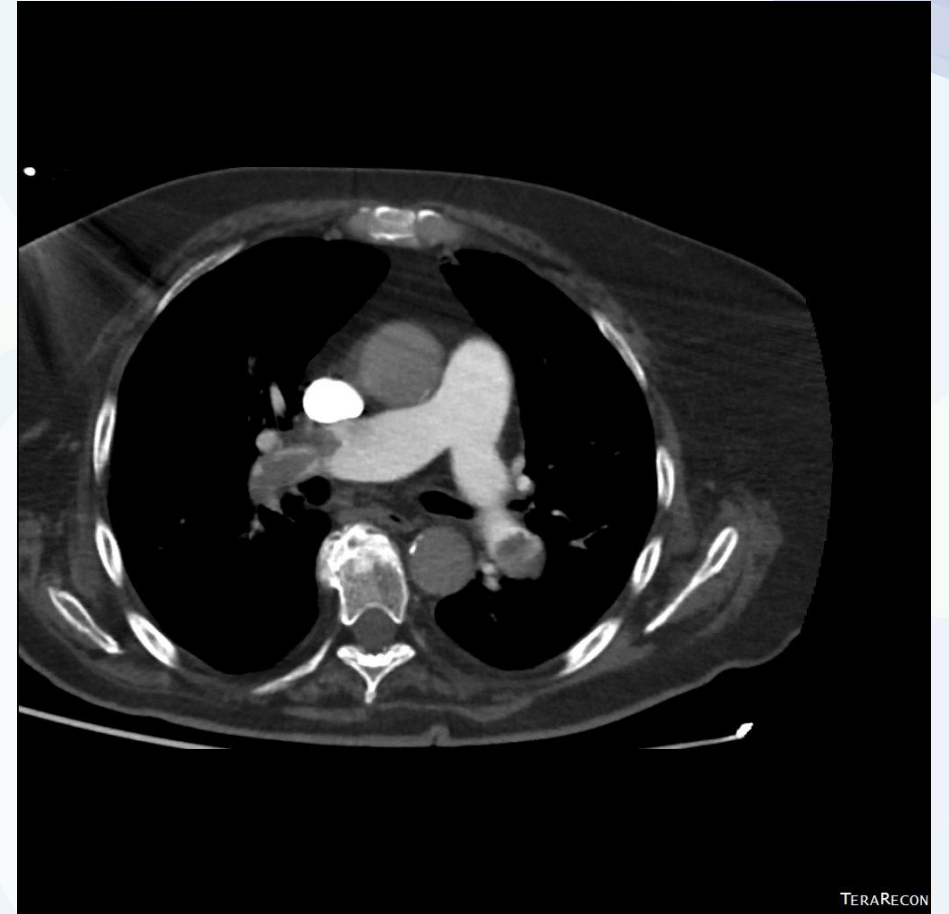
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- 01-jan-2022: Traumatic acute subdural hematoma (right hemisphere, left frontal-parietal region)
- 10-jan-2022: Trepanation and drainage (clinical deterioration; hematoma enlargement)
- Urinary tract infection
- COVID 19 infection (contact with fellow patient; no pneumonia)

# Clinical Case: Bilateral pulmonary embolism

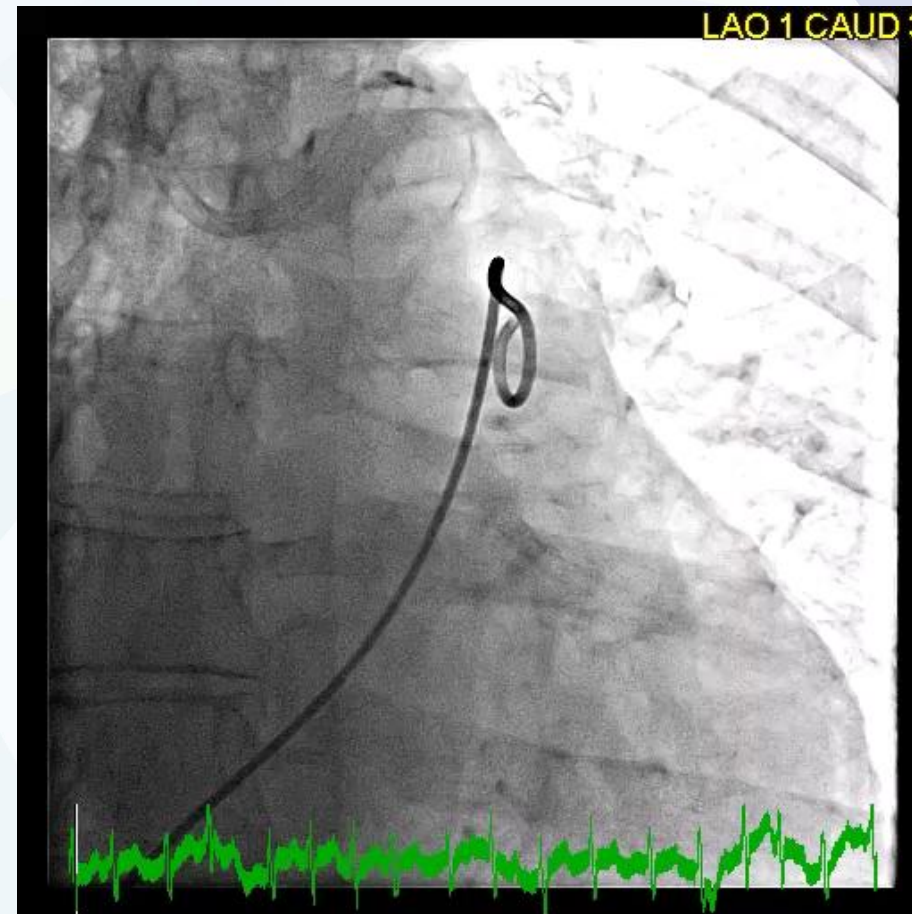
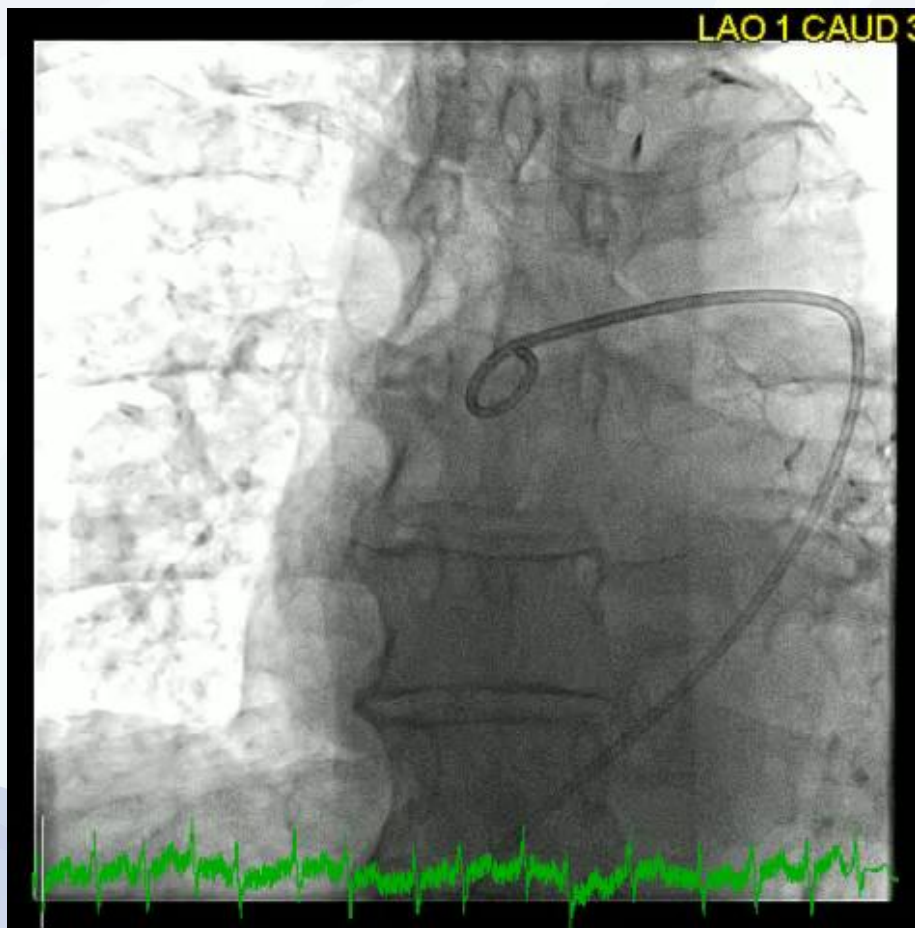
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- 09-feb-2022
  - Chest pain; dyspnea; relative hypotension (SBP: 90-100 mmHg); tachycardia (170 bpm, AF)
  - CT scan: extensive bilateral pulmonary embolism
  - ETT: Dilatation and overload of right heart chambers
  - Elevated cTnI, Pro-BNP



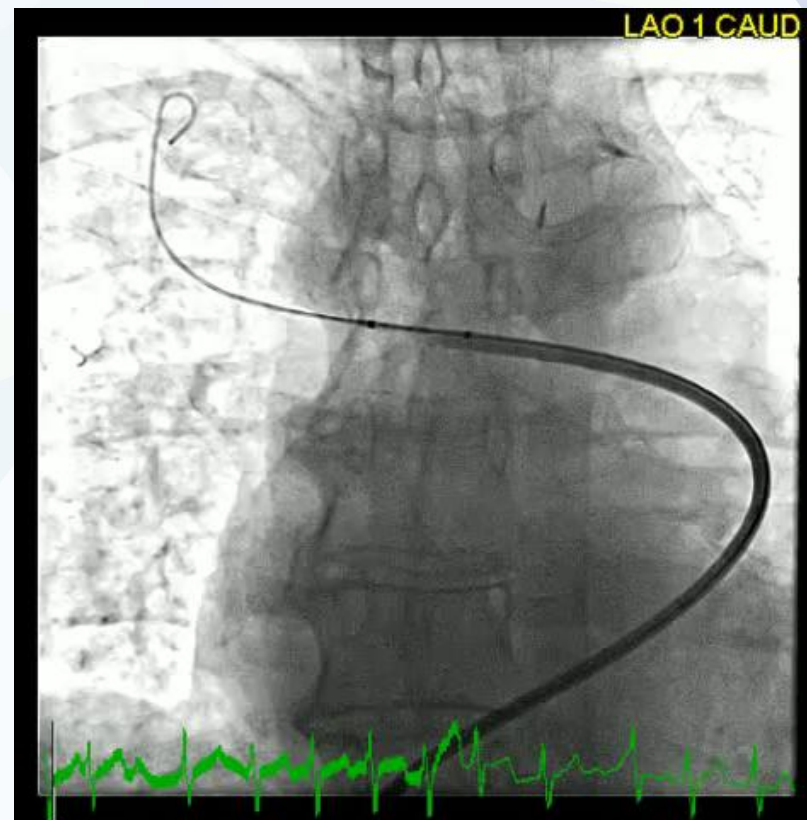
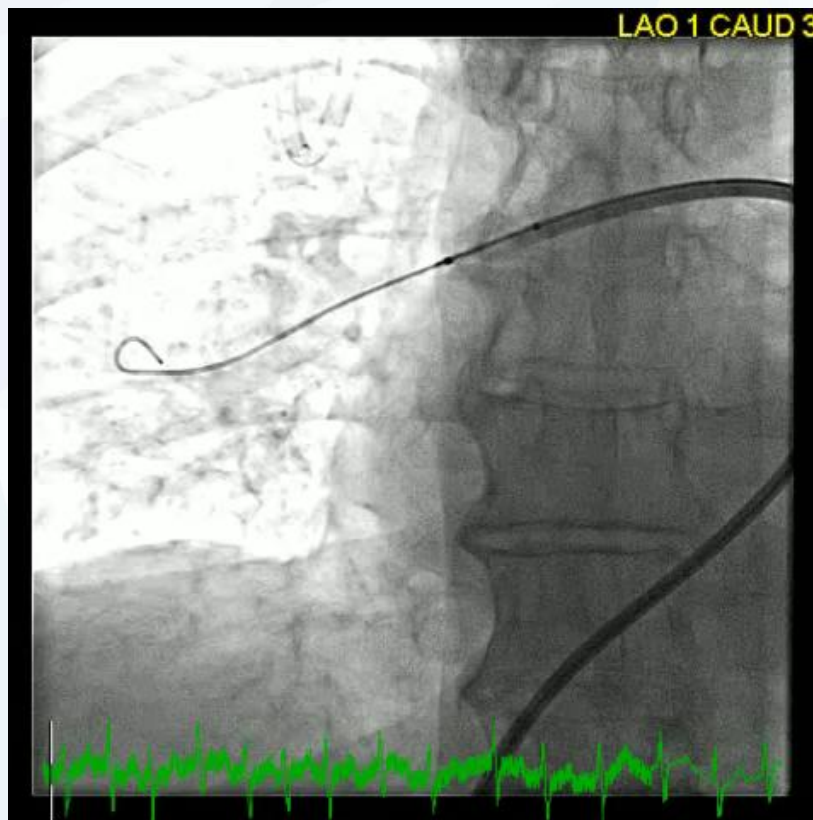
# Clinical Case: Invasive pulmonary angiography

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# Clinical Case: Treatment, aspiration thrombectomy

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Nautilus® 10 Fr aspiration system:

Sequential aspirations on the right interlobar artery and right upper lobar d

# Clinical Case: Outcome

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- Rapid clinical improvement
  - Hemodynamic stability (SBP: 100-110 mmHg);
  - HR control under AF (90-110 bpm);
  - Spontaneous ventilation; normal Sat.O<sub>2</sub>; decreasing supplemental oxygen.
- Head CT Scan: Almost complete residual hematoma reabsorption; absence of new hemorrhage.
- Discharge and orientation for neurology functional recovery program.

# Qué hacer y cómo resolver...

## Final Remarks

- Massive bilateral PE with RV dysfunction, in a post-surgery inpatient with prolonged hospitalization and an obvious contraindication for lytic therapy
- Percutaneous catheter-directed aspiration thrombectomy provided prompt improvement and good clinical outcome





*Muchas Gracias!*