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IMAGES IN INTENSIVE MEDICINE

Peripheral pulmonary thromboembolism in COVID-19 bilateral pneumonia

Tromboembolismo pulmonar periférico en neumonía bilateral por COVID-19

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This is the case of a 64-year-old man with a past medical history of hypertension admitted to the ICU with a diagnosis of severe ARDS due to COVID-19-related bilateral pneumonia. The thoracic x-ray reveals a bilateral alveolar-interstitial pattern with damage to the right lung, especially the mid field (Fig. 1, pointer arrows). The blood test results show very high D-dimer levels (28 970 ng/mL) and due to suspected PTE, a thoracic echocardiography is performed that reveals the presence of RV pressure overload with positive McConnell sign. Following the echocardiographic findings, anticoagulant therapy with low-molecular weight heparin (enoxaparin 1 mg/kg/every 12 h) is initiated.

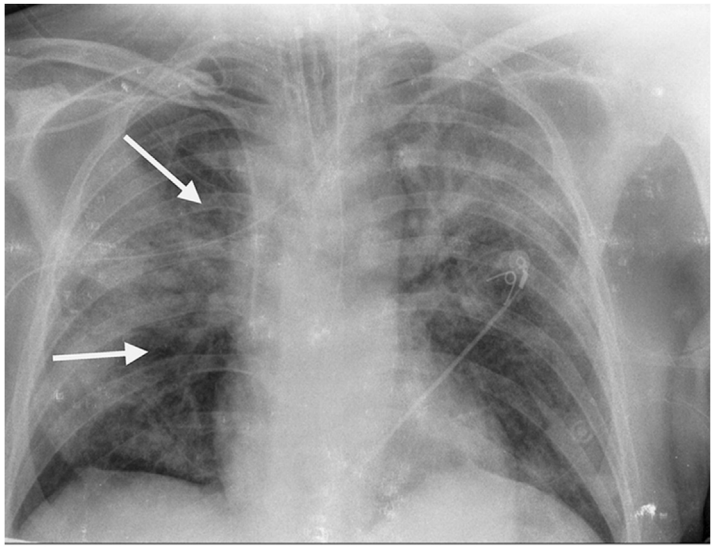

Figure 1

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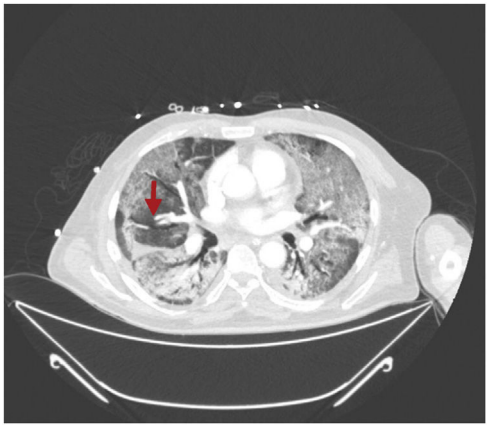

Figure 2

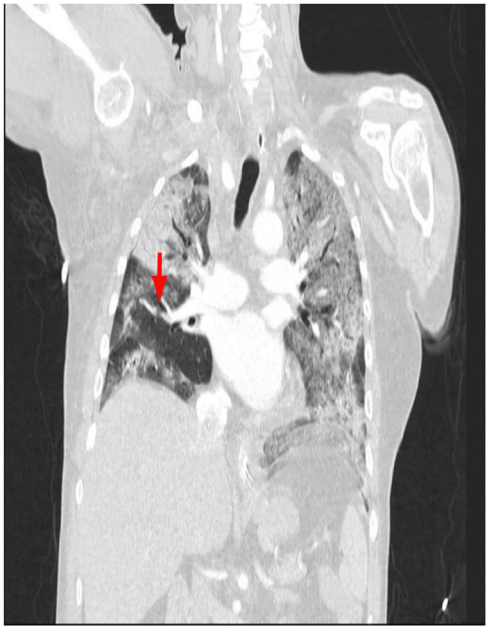

Figure 3

A thoracic CCTA was performed for diagnostic confirmation purposes that revealed the presence of a repletion defect in the artery of the medial lobe lateral segment (arrows in Figs. 2 and 3) in the PTE setting. Also, the presence of diffuse bilateral damage and extensive areas of cobblestone pattern in a viral infectious process setting (Figs. 2 and 3). The patient remained on anticoagulant therapy until hospital discharge without any associated bleeding complications.