



IMAGES IN INTENSIVE MEDICINE

Unexpected complications in post-cardiac surgery: transesophageal pulmonary ultrasound as a diagnostic tool



Complicaciones inesperadas en el postoperatorio cardíaco: la ecografía pulmonar transesofágica como herramienta diagnóstica

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Available online 13 December 2023

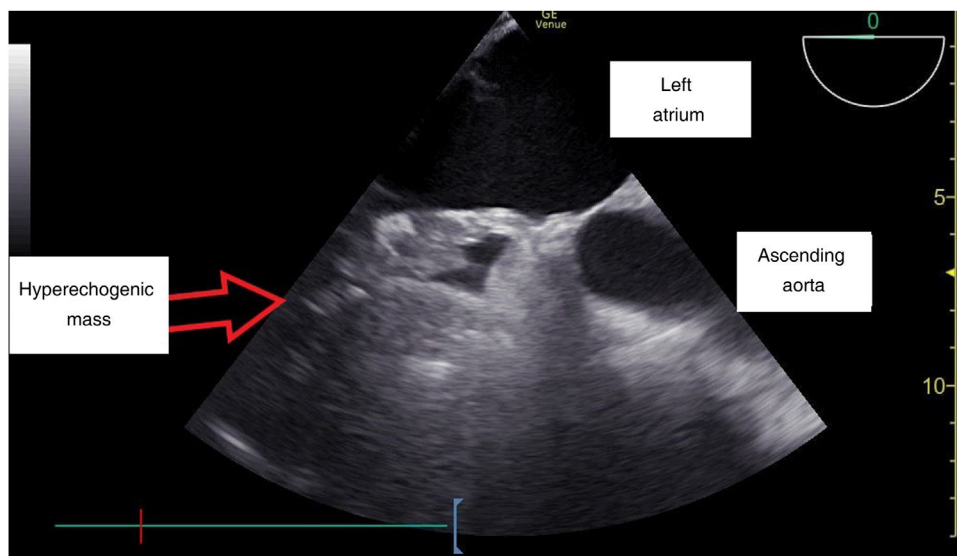


Figure 1

DOI of original article: <https://doi.org/10.1016/j.medin.2023.11.005>

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<https://doi.org/10.1016/j.medicine.2023.12.004>

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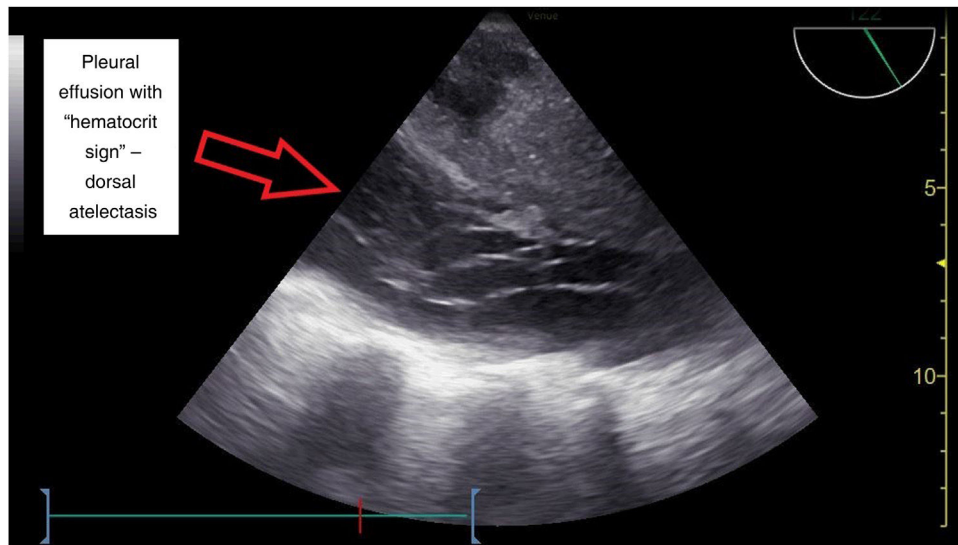


Figure 2

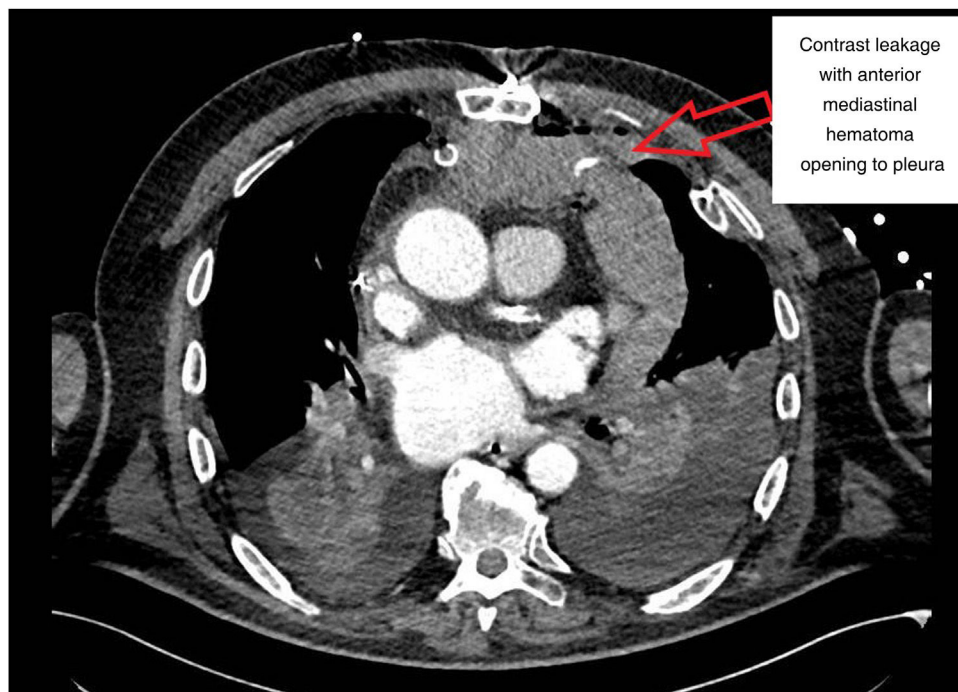


Figure 3

A 66-year-old patient on the second day after biological mitral valve replacement surgery due to severe periprosthetic insufficiency. While extubated, he developed tachycardia, hypoperfusion and hyperlactacidemia, with the need for vasopressor medication and the deobstruction of drains due to large clots, followed by clinical improvement. This was followed by repeat worsening with the same clinical manifestations, requiring intubation and vasopressor medication. Transesophageal ultrasound showed an anterior hyperdense mass with a minimal right atrial imprint (Fig. 1) and left massive pleural effusion at apical-middle and basal level, with "hematocrit sign" (Fig. 2). The thoracic CT scan showed an anterior mediastinal hematoma with posterior communication with the left pleura, and contrast leakage at the internal mammary artery level (Fig. 3), requiring urgent surgery and polytransfusion (see Supplementary material). In recent years, transesophageal pulmonary ultrasound has experienced marked development in critical patients, affording an excellent complementary tool for assessing the posterior and deep regions of the lung with increased imaging quality.

Financial support

None.

Conflicts of interest

None.

Acknowledgements

Thanks are due to the Department of Intensive Care Medicine of Hospital Rey Juan Carlos - nurses, assistant staff and physicians - for their support and patience.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.medine.2023.12.004>.