



 Images in Clinical Medicine



A



B

Pulmonary Embolism

A 67-year-old man presented to the emergency department with a five-day history of nonproductive cough and progressive dyspnea and a one-day history of right-sided pleuritic chest pain. Four days earlier, left-lower-lobe pneumonia had been diagnosed and treatment with oral antibiotics had been initiated. On examination, the patient had marked respiratory difficulty, with a respiratory rate of 28 breaths per minute. His lung fields were clear to auscultation. An arterial blood gas measurement obtained while he was breathing room air showed a pH of 7.46, a partial pressure of carbon dioxide of 34 mm Hg, and a partial pressure of oxygen of 61 mm Hg. A chest radiograph demonstrated a pleural-based, wedge-shaped pulmonary infarction (Hampton's hump) at the left lung base (Panel A). There was focal avascularity (Westermark's sign) in the right upper lung field. A ventilation-perfusion scan showed normal ventilation images and loss of perfusion to the entire right upper lobe as well as to the anterior, lateral, and medial basal segments of the left lower lobe (Panel B). Multiple, small perfusion defects were also evident in the left upper lobe. These findings corresponded with the radiographic findings. The patient was given a diagnosis of multiple pulmonary emboli, which were treated with a heparin infusion for five days, followed by warfarin therapy for six months. At the six-month follow-up visit, he was well. No risk factor for pulmonary embolism was identified.

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Another Image in Clinical Medicine (Delabays A, Goy J-J. Percutaneous Mitral Valvuloplasty. *N Engl J Med* 2001;345:e4) has also been published in this issue and can be seen at <http://www.nejm.org>.