

**PP37 ROLE OF POINT OF CARE
ULTRASOUND (POCUS) IN COVID-
19 PATIENT; PULMONARY
EMBOLISM – A CASE REPORT**

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INTRODUCTION:

Coronavirus disease-2019 (COVID-19) is an infection by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Recent evidence shows COVID-19 had increases risk of significant procoagulant events, including life-threatening pulmonary embolism. COVID-19 and pulmonary embolism are both associated with respiratory failure. The diagnosis of pulmonary embolism can be very elusive and, if missed, may have fatal consequences. Computed Tomography Pulmonary Angiogram (CTPA) remains the gold standard for diagnosis of pulmonary embolism however this can be a challenge in certain due to many factors – unstable patient, those with renal insufficiency, pregnant, lack of resource. One of the modalities that can be used in emergency department to help in early diagnostic is the usage point of care ultrasound.

CASE DESCRIPTION:

40 years old lady, brought to emergency department for sudden onset worsening dyspnea for five days. Rapid Test Kit COVID-19 done prior to presentation, positive. Upon arrival, patient appeared to be in respiratory distress. Patient was intubated and put on mechanical ventilation

support. Bedside echocardiography (ECHO) shows abnormal interventricular septal motion with dilated right atrium and right ventricle. Hemodynamically patient requiring supported with 2 vasopressors. Blood gas shows severe respiratory acidosis, pH 6.90, PCO₂ 79mmHg. D-dimer came back as more than 20000ng/ml FEU and High-sensitivity Troponin I is 6787ng/L. Thrombolysis with IV Streptokinase commence.

DISCUSSION:

Pulmonary embolism is one of potentially life-threatening complication in COVID-19 patient. Clinicians need to have high index suspicious for patient who came in with respiratory distress, especially at the time of initial presentation as early treatment can be instituted early. Some of the case tend to be under diagnosis due to patient's delayed presentation which can lead to increased mortality and morbidity. The use of Point of Care Ultrasound can assist in the diagnosis of pulmonary embolism during initial presentation while awaiting CTPA to be done.

CONCLUSION

Pulmonary embolism is a becoming a common complication during COVID-19 pandemic and it is associated with poor prognosis and increased risk of mortality during hospitalization. Prompt diagnosis and thrombolysis can improve reduce risk of mortality in COVID-19 patients.

KEYWORDS:

Massive Pulmonary Embolism,
Thrombolysis, COVID-19