

**PP011 A CASE OF PULMONARY
EMBOLISM IN YOUNG MAN
WITHOUT RISK FACTOR**

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INTRODUCTION

Pulmonary embolism is common. The incidence in the United States is estimated to be 1 case per 1000 persons per year. However, it is often under diagnosed due to non-specific presentation, especially young age group. Risk factors can be categorized into 3 groups: flow stasis, endothelial damage, and coagulation abnormalities. Pulmonary Embolism is rare in healthy and no risk patient.

CASE REPORT

A 34 years old army brought in by friends to emergency department. He appeared tachypnoeic and drowsy. Further history, he had developed sudden onset of chest pain and breathlessness while he was marching. Patient was perfectly well prior to the symptom. No history of travelling or hospital stay. Upon initial assessment, patient was drowsy, with cold periphery and poor perfusion. He was tachypnoeic but still able to speak in words. Equal air entry and no added sound on lung auscultation. Noted patient was tachycardic, hypotension with poor saturation. Decided for intubation in view of impending respiratory collapse. Pulmonary embolism was suspected as ECG shows S1Q3T3 changes and dilated right ventricle with D-shaped left ventricle noted in ECHO. However, noted cardiac monitor show PEA while waiting for CTPA. CPR commenced for 4 cycles, ROSC achieved. Thrombolysis therapy given. CTPA suggest massive pulmonary embolism. Patient was admitted to ICU with BP supported by Noradrenaline and Dobutamine

DISCUSSION AND CONCLUSION

Typical symptoms of pulmonary embolism are dyspnea (61% to 83% of patients), pleuritic chest pain (40% to 48% of patients), cough and haemoptysis (5% to 22% of patients). These symptoms are common in others medical condition such as pulmonary tuberculosis, heart failure and chronic obstructive pulmonary disease. This made the diagnosis of pulmonary embolism even more challenging. Thus, high index of suspicion is required. Pulmonary embolism should be suspected in all patient presented with shortness of breath including no risk group.