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FEELING OF IMMINENT DEATH AFTER LONG BONE SURGERY

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71-year-old male patient with hypertension, obesity and personal history of prostate adenocarcinoma with blast bone metastases. Admitted after fall and pathological right pertrochanteric fracture. Programmed surgery is performed by means of endomedullary nailing on the fractured right hip and prophylactic left hip. Pre-surgical nasopharyngeal exudate for coronavirus is positive, with no apparent clinical translation.

Three hours after surgery, the patient begins with dyspnea, central thoracic pain of a pleuritic nature and a feeling of imminent death. Physical examination reveals poor general condition, hypotension, diaphoresis, tachypnea and desaturation, without neurological affectation. Treatment is initiated with intensive serotherapy, oxygen therapy and analgesia.

Analysis reveals troponin and normal NT-proBNP with elevated LDH and D-dimer, as well as mild metabolic acidosis. The electrocardiogram and transthoracic echocardiogram do not show any alterations. Urgent pulmonary CT-angiography targets signs compatible with fat embolism (see figure 1).

The hemodynamic and respiratory instability improve progressively, not requiring admission to ICU, appearing at twelve hours bilateral axillary petechiae.

Pulmonary fat embolism syndrome is rare, and can appear after fractures and long-bone surgery^[1]. The classic clinical triad is hypoxemia, neurological alteration and petechiae^[2], due to the presence of fatty emboli in the circulation and pulmonary parenchyma.

Keywords:

Dyspnea; Fat embolism; Petechiae

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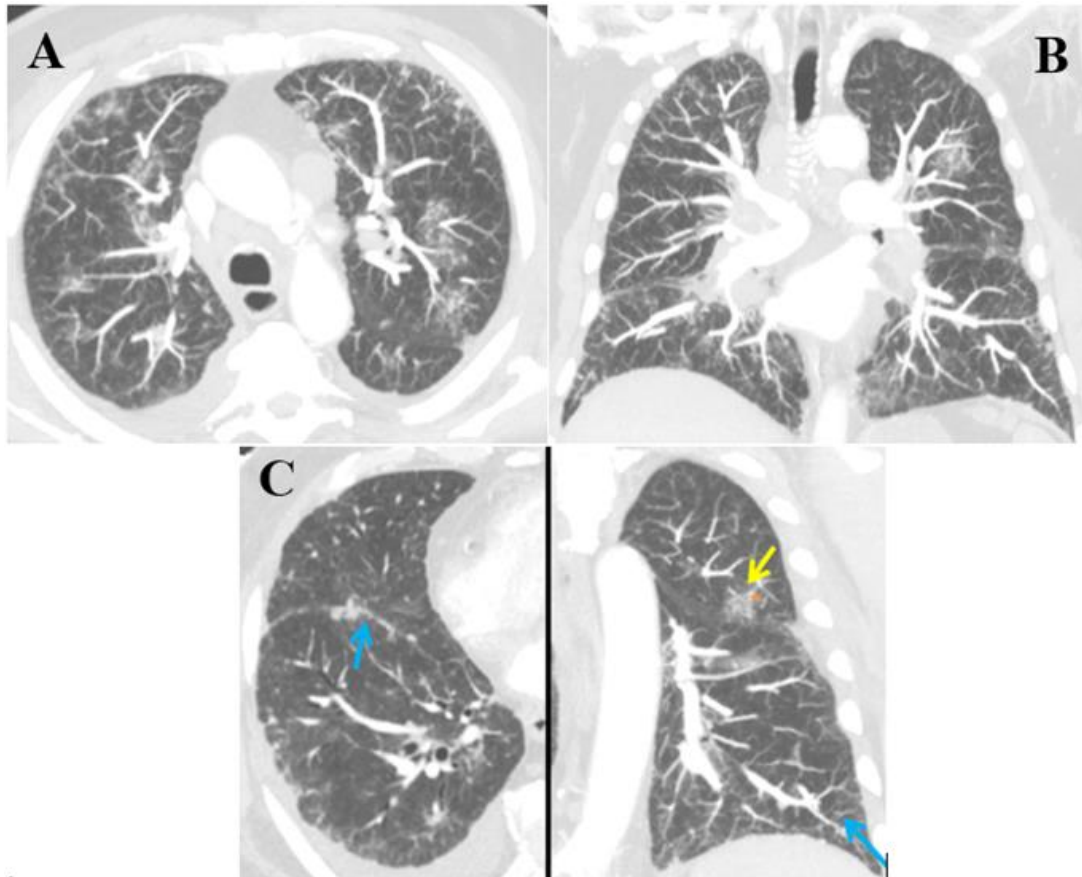


Figure 1 (A and B): Thoracic Angio-CT. Subpleural and centrilobulillar nodules of peri-vascular distribution associated with multifocal opacities with diffuse distribution in the bilateral lung parenchyma. Findings in relation to fat embolism, given the clinical context of the patient. (C): Thoracic CT-angiography. Blue arrows: In the axial plane micronodular thickening of the fissure. In the coronal plane thickening of the inter and intralobular septal interstitium, predominantly peripheral and basal. Yellow arrow: Focal opacity, density of tarnished glass. Centrilobulillar and perivascular nodules are seen in millimeters that are part of the opacity.

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