

IMAGING FINDINGS OF MASSIVE PULMONARY THROMBOEMBOLISM

INDALECIO CARBONI BISSO, EDUARDO PRADO, FLORENCIA COURTOIS,
IGNACIO FERNÁNDEZ CEBALLOS, MARCOS LAS HERAS

Terapia Intensiva de Adultos, Hospital Italiano de Buenos Aires - Argentina

E-mail: indalecio.carbonibisso@hospitalitaliano.org.ar

A 36-year-old patient with a recent history of liver transplantation for Caroli's disease, under anticoagulation therapy due to infrarenal inferior vena cava thrombosis, consulted the Emergency Department after experiencing syncope and acute respiratory failure. The patient rapidly deteriorated, leading to cardiac arrest, which was successfully managed with cardiopulmonary resuscitation.

A chest X-ray revealed the presence of the Palla Sign, indicating an enlargement of the right descending pulmonary artery, specifically affecting the descending interlobar branch of the right pulmonary artery, resulting in a radiographic appearance resembling a sausage

in the right middle lobe (blue arrow). Additionally, the Westermark Sign was identified, indicative of localized increased lung transparency due to reduced blood flow (oligemia) caused by pulmonary artery obstruction (red arrow) (Fig. 1).

Furthermore, the Polo Mint Sign was observed on CT pulmonary angiography, that represented a central filling defect resulting from a blood clot, surrounded by a thin contrast rim, reminiscent of the appearance of the popular UK mint candy called Polo Mint (yellow arrow). Several other filling defects disrupting the normal opacification of the pulmonary artery were also noted (Fig. 2, green arrows).

Figure 1 |

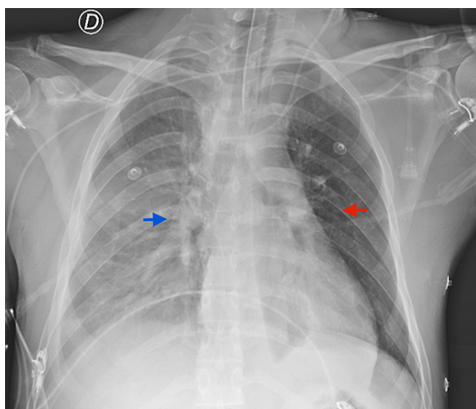


Figure 2 |

