A RARE CASE OF RAPID ONSET PULMONARY EMBOLISM POST FEMUR FRACTURE

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Introduction: Femur fracture is a well-recognized risk factor for pulmonary embolism (PE) however it is relatively uncommon Recent reports have suggested that the incidence of PE after trauma ranges from 0.1% to 1.8%. PE generally develops as a result of deep vein thrombosis(DVT) and usually happen 5-7 days after hospitalization. However transient hypercoagulability state may develop follow trauma which put patient at risk of developing PE within few days of injury. The authors present a case of pulmonary thrombo-embolism developed within 12h of trauma

Discussion: 18 years old gentleman with no known premorbidgot involved in a motor vehicle accident . He was the motorbike rider with head on collision with a Myvi. His injuries included open fracture of right midshaft femur and closed fracture right midshaft ulnar. Initial vitals showed he is tachycardic but normotensive. Not tachypnea. There were no thoracic, abdominal, or pelvic abnormalities upon initial imaging workup, and the computed tomography (CT) brain was normal. Fluid resuscitation and oxygen therapy given in ED with FES as initial working diagnosis. In ward persistent tachycardia with ECG revealed S1Q3T3. CTPA shows thrombotic pulmonary embolism of descending branch of right pulmonary artery. Proceeded with wound debridement and internal fixation of femur and s/c fondaparinox started post operative and oral warfarin upon discharge.

Conclusion: Pulmonary thromboembolism is rare in early post trauma but must be considered in patients with multiple long bone fractures, to ensure appropriate management of patients and prevent morbidity and mortality Post-traumatic with acute blood loss can cause hypercoagulability, which may precipitate a thrombotic event, necessitating the use of computed tomography pulmonary angiogram to confirm the diagnosis .Preventive measures such as anticoagulation therapy should be started as early as permissible.