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Is it Really Major Depression?

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Introduction: Massive pulmonary thromboembolism could be life-threatening situation and it may be misdiagnosed.

Case Presentation: Sixty-two year male was admitted to emergency unit of hospital due to syncope and it was second admission with syncope symptom in two days. For the first time cause of syncope is thought due to his major depression. Because major depression was diagnosed and he has some medicine (Escitalopram, Alprazolam, Ketiapin) during last 3 weeks. During first and second syncope symptoms' term he had no chest pain, dyspnea, hypotension or another symptoms. Hence emergency physicians didn't suspect any another disease without psychiatric diseases. His laboratory findings was signed to cardiac pathology. BNP and troponin I levels were higher than normal and on his transthoracic echocardiography was showed right ventricle and atrium enlargement and pulmonary artery pressure was 40 mmHg. Coronary artery graphy was normal, spiral thoracic computed tomographic angiography was applied due to PTE suspicion. It was detected massive embolus in bilateral main pulmonary artery segments. The patient was applied to intravenous systemic thrombolytic therapy immediately (alteplase, 100 mg/2 hours). After the treatment his ECHO and laboratory findings were normal.

Conclusion: Massive pulmonary thromboembolism (PTE) occurs in various symptoms and cardiogenic shock is the most severe form and syncope accompanies with these clinical condition. But sometimes it might be ignored if the patients weren't admitted to hospital with severe symptoms or their clinical signs were not heavy. In these case report, the patient was admitted to hospital with only syncope symptom. Hence in the first time PTE diagnosis was skipped. In fact that syncope/presyncope is the one of the most important symptom of the massive PTE, but the more important thing than these is that massive PTE must come to mind.

Keywords: Massive pulmonary embolism, major depression, syncope