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Massive Pulmonary Embolism in a Patient Using Tranexamic Acid due to Menorrhagia

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Introduction: Pulmonary thromboembolism is a disease with high mortality and morbidity, recurrence, sometimes difficult to diagnose and preventable. According to data from the United States, the average annual incidence of venous thromboembolism is about 1/1000 and increases with age (1-2-3). The most common cause of anemia in premenopausal women is gynecological bleeding, and an antifibrinolytic tranexamic acid is also included in the medical treatment of menorrhagia.

Case Presentation: A 40-year-old female patient was admitted to the emergency department with the development of dyspnea and chest pain for 10 days. The patient's vital signs were evaluated; blood pressure: 80/50mmHg, pulse: 146/min fever: 36.8 C, So₂: 88%. The patient's history revealed that she had dyspnea for 10 days but she had exacerbated her last day and that her chest pain had begun in the style of pressure. She had no complaints of cough, sputum and hemoptysis. The patient with known diabetes mellitus, hypertension, coronary artery disease and anemia had been using tranexamic acid for the last 2 menstruation periods, 10 days prior to oral antidiabetic, antihypertensive, atorvastatin and menorrhagia. On physical examination, she was obese and her voice decreased, and pretibial edema was not detected. Laboratory results Hgb: 7.7g/dL, Wbc: 12440mm³, Plt: 448000mm³, CRP: 115mg/l, Glucose: 305mg/dl, Creatinine: 0.89mg/dl, urea: 32mg/dl, Sodium: 133mEq/L, Potassium: 4.15mEq/L, Arterial blood gas; pH: 7.39, pO₂: 54.1mmHg, pCO₂: 26mmHg, SO₂: 88.3%, HCO₃: 15.5mmol/L, Troponin I: 0.07ng/ml, CK-MB: 11U/L, D-Dimer: 0.9mg/L detected. In addition to sinus tachycardia, no pathology was found in the ECG. The pulmonary artery pressure in the ECO was 40 mmHg. According to Wells score, pulmonary bladder angiography was taken to the patient with moderate clinical probability in terms of pulmonary embolism. Pulmonary holdup (diameter 3cm) and main pulmonary arteries were full, in both pulmonary artery diastal, right upper, middle and lower lobe lobar and segmental branches, on the left especially in the lower lobe. In the lumen extending into the lobar and segmental branches, hypodense thrombus materials were observed which were mostly stenosis. Non-recanalized acute-sub-acute thrombosis was observed in superficial femoral vein, popliteal vein and deep muscarinic veins in the lower extremity venous doppler usg. In spite of the hydration, the patient did not improve his hypotension and he was taken to the intensive care and he was given thrombolytic therapy.

Keywords: Massive pulmonary embolism, tranexamic acid, menorrhagia, d-dimer