


## CR55 Mechanical Thrombectomy as an Effective Treatment for Pulmonary Embolism in Intermediate-high risk patients

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**KEYWORDS:** Interventional Radiology; Pulmonary Embolism; Thrombectomy

**INTRODUCTION/OBJECTIVES:** Pulmonary embolism (PE) is a significant cause of hospitalization and death worldwide. Therapy controversies arise in intermediate high-risk patients without signs of hemodynamic instability but with clinical characteristics of more severe PE. This case report demonstrates a successful resolution of PE with endovascular mechanical thrombectomy.

**CASE PRESENTATION:** A 75-year-old presented with right hemiparesis due to acute ischemic stroke. Brain CT showed no apparent signs of acute ischemia or hemorrhage and the patient was started on intravenous thrombolysis. MRI revealed a subacute ischemic lesion with hemorrhagic transformation during the diagnostic workup. A week later, the patient became dyspneic, hypoxic, and tachycardic. Pulmonary CT angiography showed acute pulmonary embolism of both pulmonary arteries with propagation in all lobar branches and right ventricular strain. Since the patient had recent intracranial bleeding, she had a contraindication for thrombolysis. The patient was referred to radiology and underwent an endovascular mechanical thrombectomy. Emboli were successfully aspirated using the 24 French Flowtriever aspiration system. Pulmonary artery pressures dropped from 50/30 to 30/15 mmHg, O<sub>2</sub> saturation increased from 80 to 96% and heart rate returned to normal. The patient recovered successfully.

**CONCLUSION:** This case illustrates that mechanical thrombectomy may be the optimal therapy in intermediate high-risk PE patients and cases when there is a contraindication for thrombolysis. It is a valuable minimally invasive alternative to surgical thrombectomy. Future research is needed to demonstrate the safety and superiority of this treatment modality over others in different PE patients.


## CR56 Metastatic thyroid cancer after thyroidectomy in patient with MEN2A syndrome: a case report

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**KEYWORDS:** MEN-2A Syndrome; medullary thyroid carcinoma; metastasis; thyroidectomy

**INTRODUCTION/OBJECTIVES:** Multiple Endocrine Neoplasia Type 2 (MEN 2) is a complex hereditary disorder with a genetic predisposition toward the development of endocrine tumors. MEN2a complex is the most common variant which comprises medullary thyroid carcinoma (MTC), pheochromocytoma and multiglandular parathyroid hyperplasia. MTC is usually the initial presenting feature of this complex and a specific RET codon mutation can help predict the disease and how it will behave.

**CASE PRESENTATION:** We present a 44-year-old female patient with MEN-2 Syndrome with past medical history of medullary thyroid carcinoma and total thyroidectomy. Postsurgical assessment for recurrent disease was done regularly including the measurement of serum calcitonin, calcium and urine metanephrines and normetanephrines. Surprisingly, 27 years later patient had elevated serum calcitonin. PET-CT showed pulmonary and infracarinal lymph node metastatic disease. Lymph nodes were surgically removed and pathohistology confirmed metastatic medullary thyroid carcinoma. The patient was treated with 131I-MIBG. Unfortunately, the disease progressed and in spite of treatment the patient had died. As her son was a carrier of MEN2a mutation 634, prophylactic thyroidectomy was performed at the age of 8 and he continued with regular follow up.

**CONCLUSION:** MEN2a is a serious genetic condition with possible unfavorable outcome. In our case, MTC relapsed even 27 years after thyroidectomy. Therefore, close follow up and prophylactic thyroidectomy is crucial in patients with confirmed mutation.