

Echocardiographic presentation of a case of acute pulmonary embolism treatment

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Introduction: Acute pulmonary embolism is a common and life-threatening condition that requires urgent diagnosis and treatment. It affects approximately 117 people per 100,000 inhabitants annually, and its incidence increases with age.^{1,2} Echocardiography is the most used imaging method for diagnosing and managing acute pulmonary embolism. In patients with acute PE, it is used to assess right ventricular function.

Case report: Patient N.N., 66 years old, was admitted to the Intensive Care Unit (ICU) due to massive pulmonary thromboembolism. Upon admission, the patient was hypotensive, had low oxygen saturation, and an emergency echocardiography showed reduced right ventricular function with elevated levels of cardio-selective troponin. Mechanical thrombectomy of the pulmonary arteries was immediately performed. The patient's condition stabilized, and partial recovery of right ventricular function was observed. On the fourth day in the ICU, after getting up and going to the restroom on his own request, the patient experienced a recurrence of dyspnea, along with a drop in blood pressure and oxygen saturation. Fibrinolytic therapy with alteplase was administered. After the fibrinolysis, the patient's condition fully stabilized, with continued recovery of right ventricular function. Following treatment, the patient was discharged home with a recommendation to continue prescribed therapy and follow-up with a cardiologist.

Conclusion: The degree of right ventricular dysfunction, along with hemodynamic stability, is an important parameter in assessing the risk and mortality of patients with acute pulmonary embolism. Trained nurses follow protocols and standards in echocardiography, and by advancing their knowledge and expertise, they contribute to improving the quality of patient care.

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LITERATURE

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