

A Chest Contusion Following Car Accident, In Obese Patient Suffering from Obstructive Sleep Apnea

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1. Abstract

We describe the case of a 50 years old male patient, who, affected by Obesity and OSAS, came to our ambulatory for dyspnea, shortness of breath and asthenia. The subject described that the week before had a car accident and was taken to the ER, where received a chest x-ray which resulted negative.

So the patient was dismissed by the hospital just with the indication to take Ibuprofen 300 mg, three times per day.

During the same night, the chest pain increased as well as in the next days which together with the shortness of breath, lead the patient to come to our ambulatory, where we re-evaluated his chest x-ray, and we took an arterial Blood Gas Analysis which demonstrated PaO₂ 71mmHg, PaCO₂ 30 mmHg pH7.46.

Immediately we requested a lung scan scintigraphy which resulted positive for non-massive pulmonary embolism. The patient started a therapy with heparin at low molecular weight and after 25 days, the lung scintigraphy resulted negative.

in conclusion, the patient had an episode of Pulmonary Embolism (PE), hidden by the car accident that simulated just a chest contusion, since the chest x ray resulted negative. In these patients with obesity and OSA, we should never forget to think about PE, because their tendency toward an increase on stasis and of hypercoagulability of the blood.

2. Case Report

We describe the case of a 50 years old male patient, who was affected by Obesity and OSAS, and came to our ambulatory for

dyspnea, shortness of breath, and weakness. The subject described that three days before had a car accident and was taken to the nearest ER, where received a chest x-ray, which resulted negative, except for a very small pleural effusion on the right side.

So the patient was discharged by the hospital, just with the indication to take Ibuprofen 300 mg, three times per day for 5 days.

During the same night, his chest pain increased, as well as in the next 2 days, which together with the shortness of breath, lead the patient to come to our ambulatory, where we re-evaluated his chest x-ray (Figure 1), and we took an arterial Blood gas Analysis, which demonstrated PaO₂ 71mmHg, PaCO₂ 30 mmHg pH 7.46.

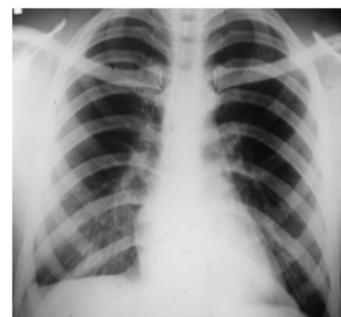


Figure 1: Chest x-ray at admission to ER

Immediately we requested a lung scan scintigraphy (Figure 2) which resulted positive for massive pulmonary embolism. The patient started a therapy with heparin at low molecular weight, and after 3 months, the lung scintigraphy (Figure 3) resulted negative again.

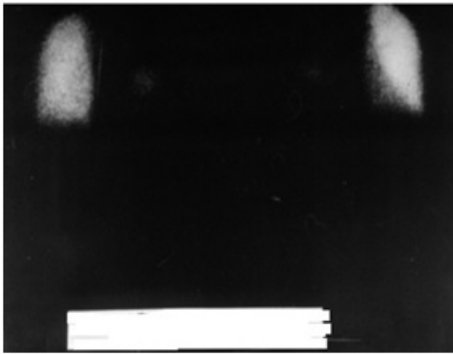


Figure 2: Lung scan scintigraphy three days after the accident

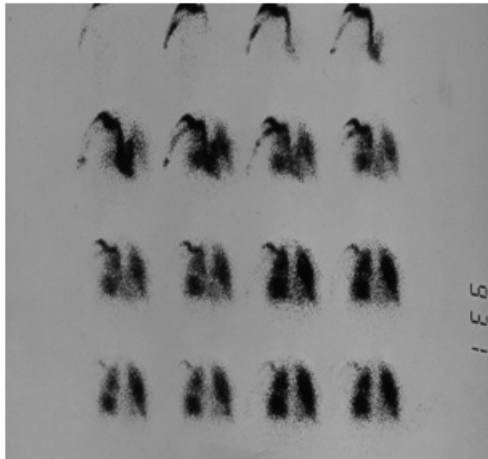


Figure 3: Lung scan scintigraphy 3 months later

in conclusion, the patient had an episode of Massive Pulmonary Embolism (PE), hidden by the car accident that simulated just a chest contusion, since the chest x ray resulted negative.

In these patients with obesity and OSA, we should never forget to think about PE, because their tendency toward an increase of stasis and of increased clot of the blood.

In our opinion, patients who suffer from obesity and OSA, should take anticoagulant as oral therapy, over time.