



Unexpected pulmonary embolism diagnosed by conventional computed tomography

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A 83-year-old man presented with a two week history of breathlessness and fever. The admission chest radiograph demonstrated an alveolar infiltrate in the left upper lung. Conventional computed tomography (CT), on the other hand, revealed large intraluminal filling defects in both pulmonary arteries (Figure 1, arrows). One month after starting anticoagulation, CT demonstrated only a small amount of residual thromboembolic material in the right pulmonary artery and complete resolution of the thrombus in the left pulmonary artery (Figure 2, arrows).

Pulmonary embolism is a condition that often goes unrecognized.^{1,2} This case illustrates the potential of conventional CT for discovering unsuspected pulmonary embolism. Moreover, CT can give additional clinical information about pathology of lung parenchyma, and may allow follow-up of thrombus size.

References

1. Stein PD. Diagnosis of pulmonary embolism. *Curr Opin Pulm Med* 1996; 2:295-9.
2. Pini M, Marchini L, Giordano A. Diagnostic strategies in venous thromboembolism. *Haematologica* 1999; 84:535-40.

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Figure 1. CT showing large intraluminal filling defects in both pulmonary arteries.

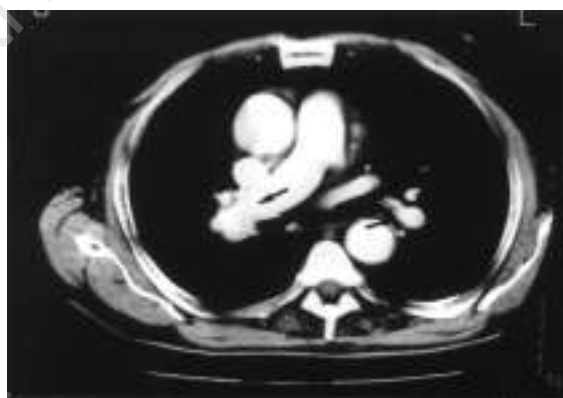


Figure 2. CT showing better filling of the right pulmonary artery and complete resolution of the thrombus in the left pulmonary artery.