Saddle Pulmonary Embolism after Coronary Artery Bypass Graft

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Abstract

A 56-year-old-gentleman successfully underwent coronary artery bypass for triple vessel disease. Upon review in clinic after a month, he was tachypnea for 3 days. Patient had urgent CT pulmonary angiogram revealing saddle pulmonary embolism (Figure 1) and required anticoagulation.

Keywords: Pulmonary embolism, Coronary bypass graft

Case

A 56-year-old-gentleman had triple coronary artery by-pass graft done for severe coronary artery disease. Patient was seen in clinic after one month of surgery with complaint of shortness of breath for 3 days. His blood pressure was 115/55 mm of Hg, Heart rate 50, respiratory rate 25 and oxygen saturation 90% on room air. Considering risk of pulmonary embolism after surgery, patient was sent to radiology for CT pulmonary angiogram which showed large “saddle pulmonary embolism” explaining patient`s symptoms. Patient was immediately started on unfractionated heparin and later started on rivaroxaban therapy after clinical improvement.

Saddle pulmonary embolism means a large embolism of main pulmonary artery often extending into both right and left pulmonary arteries. If large enough, it can cause right heart failure. About 3 to 6 per cent of patients with pulmonary embolism present with a saddle embolus and only 22 per cent are hemodynamically unstable with a mortality rate of 5 per cent.¹ Most patients with saddle pulmonary embolism are hemodynamically stable on presentation and do not require thrombolytic therapy or other interventions and respond to usual treatment with anticoagulation. In 5 randomized controlled trials it was seen that patients with massive PE, fibrinolysis reduced the risk of death or recurrent PE by 55%.²

References


Figure 1: Saddle pulmonary embolism.