

IMAGING IN INTENSIVE CARE MEDICINE



Chest X-ray in acute pulmonary embolism: forgiven but not forgotten

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A 74-year-old woman was admitted in circulatory shock and acute respiratory failure. Standard 12-lead electrocardiogram showed sinus rhythms with an incomplete right bundle branch block. Chest X-ray revealed an area of focal oligemia in the right lower lung (Westermark's sign) (Fig. 1, panel A, area between the two white triangles) and a significantly dilated right descending pulmonary artery with a "sausage-like" appearance (Palla's sign), (Fig. 1, panel A, arrow). Subsequent emergent computed

tomography angiography (CTA) demonstrated a large-sized pulmonary embolus (Fig. 1, panel B, arrow) into the right pulmonary artery, consistent with acute pulmonary embolism (PE). Catheter-direct treatment (CDT) was successfully performed. The concomitant existence of both Westermark's and Palla's has been rarely reported. However, their presence is helpful to suspect acute PE also in the CTA era.

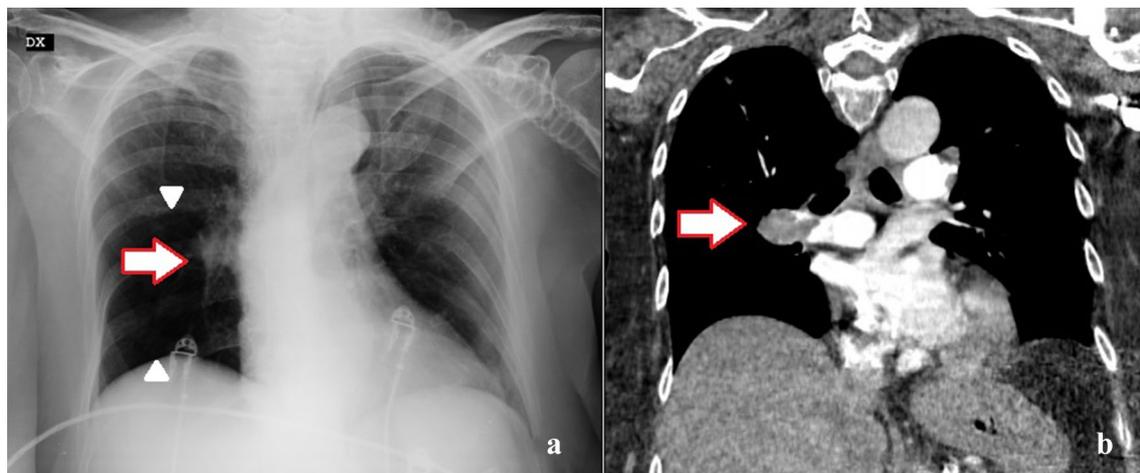


Fig. 1 **a** Chest X-ray showing focal relative oligemia of the right lower lung (Westermark's sign, area between arrowheads), in contrast to significantly dilated right descending pulmonary artery, with a "sausage-like" appearance (Palla's sign, arrow). **b** Computed tomography angiography (CTA) demonstrating a large-sized pulmonary embolus (arrow) into the right pulmonary artery (arrow), consistent with acute PE

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Compliance with ethical standards**Conflicts of interest**

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