

Changes in Mental Status and Dyspnea Followed by Pulseless Electrical Activity



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Following back surgery a man developed extensive pulmonary emboli that proved fatal.
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Case Report

A 73-year-old man was transferred to the hospital from a rehabilitation center because of acute changes in his mental status and dyspnea. He became transiently pulseless on arrival in the emergency department, but an electrocardiogram showed atrial fibrillation with a rapid ventricular response and right bundle branch block (Figure 1). The clinical picture suggested pulmonary emboli,^{1,2} and a computed tomographic scan of the chest confirmed the presence of

extensive bilateral pulmonary emboli. Despite tissue plasminogen activator and vasopressors the patient died the following morning.

Little medical historical information was available when the patient arrived in the emergency department. Later pertinent information was obtained from his son. The patient had undergone back surgery 5 days before he was brought to the emergency department and had subsequently been almost totally immobile at the rehabilitation center due to pain. Thus, he had 2 important risk factors for pulmonary

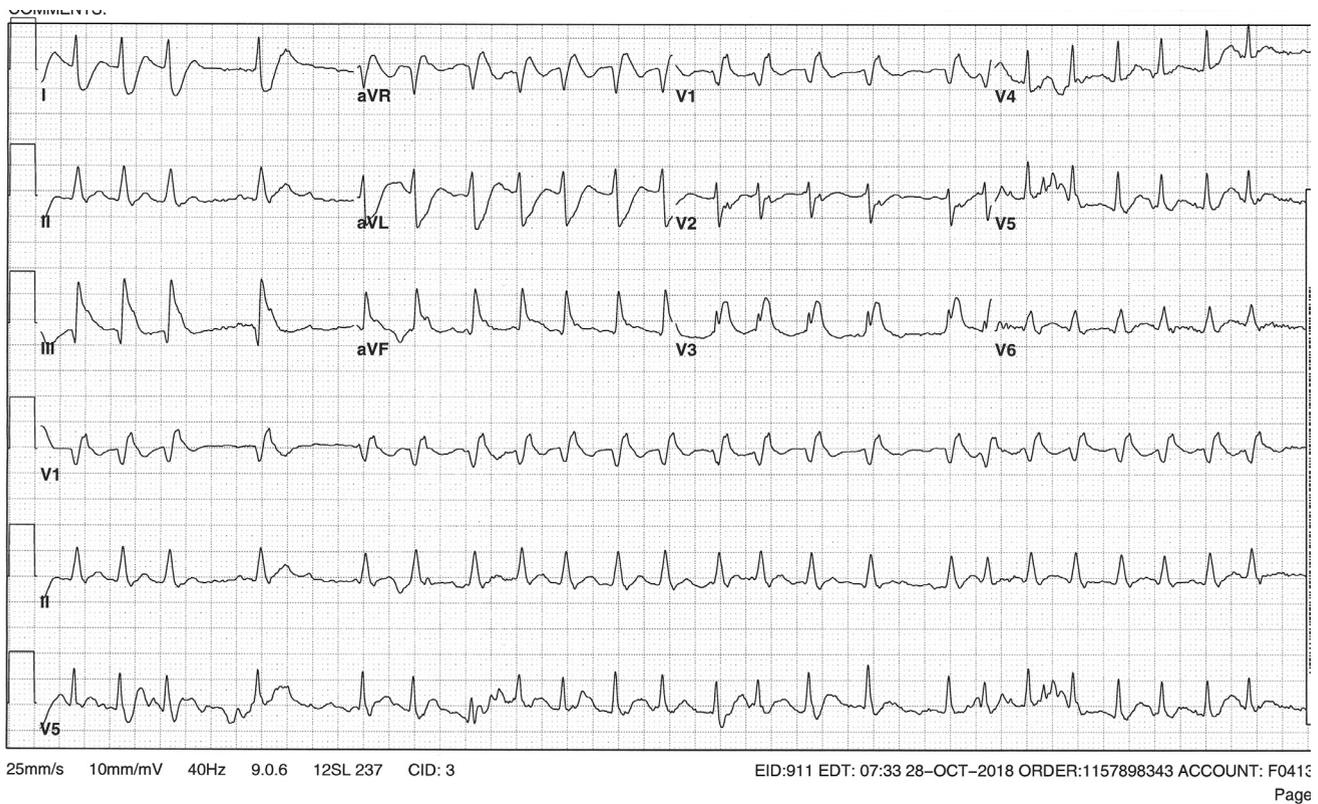


Figure 1. Electrocardiogram recorded in the emergency department at the time of admission of a 73-year-old man with dyspnea and mental status changes shows baseline motion artifact, atrial fibrillation with a rapid ventricular response (143 beats/min), and right bundle branch block. The patient was transiently pulseless when the electrocardiogram was recorded.

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emboli: a major surgical procedure and immobilization, which often go together.

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