I Took Her Breath Away

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"Hhheeee… Hhheeee…"

"Get the RSI kit! We got you, don't worry." *Keep breathing…*

Beep. Beep. Beep. Heart rate 140.

"Hhheeee… HHHEEeeee…" I looked back at her. Her eyes started to glaze over.

Beep… Beep… Beep… Heart rate 125. *Oh, no…* I inhaled. It had been 2 years since I felt that gorilla on my chest.

It had been 2 years. Two years since I requested paralysis without sedation during an elective surgery to appreciate the consequences of our decisions as physicians. Two years since I experienced the extreme discomfort of what I can only describe as feeling as though you've had the "breath knocked out of you" without being able to sense being ventilated. Two years since I was terrified.[1]

It had been 2 years since I promised myself I would never put a patient through that.

That afternoon leading up to today's shift was routine. The only reminders it was Christmastime were poorly decorated houses on the way to the hospital. As I hopped out of my truck, my gunmetal gray scrub pants exposed the only "fun" piece of my outfit: shark socks. They are a tribute to Katy Perry's Super Bowl "Left Shark"—a reminder that you may screw up, but you still made it to the big leagues.

I grabbed my things and made my way through the empty ambulance bay. *Maybe this is a good sign?*

My colleague greeted me. "I've got nothing for you." *Deep breath out…* I hadn't even realized I was holding my breath. *A clean slate… Let's get to it.*

A quick tone came from around the corner. A unique tone that speeds up pulses, increases blood pressure, halts breathing, and simultaneously causes your eyes to roll. "ER, Medic A."

"Go ahead, Medic A."

"We are coming to you with a 60-year-old female seen at your facility this morning with shortness of breath. HR 130, sat 97%. History of anxiety." One could almost hear the collective exhale of the team center.

"Bed assignment on arrival."

A few minutes later Medic A arrived. I shot a glance over as I typed. An obese lady in her 60s was sitting upright with a nonrebreather on her face. I heard a soft, muffled "hheee… hheee…" from behind the mask. She was pink and talking in couple-word sentences. I have never been fluent at nonrebreather-ese, especially from across an ER. From around the corner, I could hear pieces of the report: "Seen here…morning…pharyngitis…tripoding…better with neb…history of anxiety…think that is contributing."

"Bed 14."

The spidey sense had me beginning to stand as "Doctor Lyon, we need you in 14" came from the nurse's mouth.

As I did the hairpin turn into the room, I heard the monitor.

Beep. Beep. Beep. It was flashing a heart rate of 140. Sats were 97%. She was hypertensive to 140. *"Anxiety is likely contributing."*

"Hey! I'm Doctor Lyon. What's going on?"

The patient appeared younger than her stated age. She was obese, but her neck was thicker and wider than expected for her body habitus. Her wide eyes darted quickly around the room, with the top edges of her mask at her bottom eyelids.

A muffled "Hheee… Hi-hheee… Hheee… Can't breathe-hheee…"

"You were seen here today?" Nod. Her muffled breaths continued.

"For…a sore throat?" Nod.

"Were you given antibiotics?" Shake.

Beep. Beep. Beep. Heart rate 137.

"Hheee… Hheee… Hheee… Hheee."

Her neck and submental area seemed disproportionally large. No tenderness or subcutaneous air. I lifted the muffler off her face and had her open her mouth. No trismus. Her tongue wasn't lifted or enlarged. As my gaze went posteriorly, I could only see tonsils. Her uvula was swollen and smothered by the 2 flanking edematous tonsils. If uvulas could talk, it would have been squeaking, "Help me!" Her sats were 97%, and she was maintaining what little airway she had left.

"Hhheeee… Hhheeee…"

Respiratory Therapy was already in the room. "Let's get some nebulized lidocaine. I would like to do this awake, if possible." I asked the nurses for solumedrol, the airway cart, and cricothyrotomy kit. "Let the warding off of evil juju begin."

Not today, Death.

Five minutes. That's all I had before I was called back to bedside. My patient was now tired and pale, and I watched her eyes glaze over.

Beep… Beep… Beep… Heart rate 125. *Oh, no*… The decreasing heart rate in a sick tachycardic patient, without interventions warranting improvement, is a kiss from the Grim Reaper. And this time, the infamous Murphy was Grim's right-hand man.

"We need the RSI kit, now!"

"We have to get it from the Pyxis."

What?! The silent gasp wasn't met with an exhale. The respiratory therapist had the BVM. I positioned myself at the head of the bed, which dropped from 90 degrees to 180; the patient's upside-down, gray face came back into view.

As we placed the BVM, her brain sent a distress signal—convulsions. My scrub top suddenly shrank 2 sizes.

You need oxygen! I know; I'm working on it.

Beep… Beep… Beep… Heart rate 117.

The mask covered her bluish lips as we attempted to force oxygen past her swollen pharynx.

"Got the kit! What do you want, Doc? Rocuronium or succinylcholine?"

"Etomidate and roc."

"We don't have etomidate."

"Ketamine, then."

"The only thing in here is roc or sux."

"Where is the sedative???"

Heart rate 102.

"In the Pyxis. There isn't sedation in the kit. Do you want roc or sux, now, though?"

The room flashed to the operating room 2 years ago. The patient became a reflection of myself. I was back on the operating table where I had made myself my own medical experiment. I began to relive the anxiety and the pain of the gorilla squeezing my chest. *Similar to the squeeze I have now.*

And I remembered my promise.

I could feel Murphy smirking behind me.

"I want the sedative! NOW! Etomidate, ketamine, Versed, whatever you can get. Draw up 100 mg of sux and have it ready."

Air was leaking from the side of the mask. I grabbed the mask with 2 hands while RT continued to bag. No chest rise. 91%. *Can't oxygenate! The cric kit is right there…but no sedative or anesthetic…. What if she starts fighting…?*

Beep… Beep… Beep… Heart rate 82. 89%.

Grim was patting Murphy on the shoulder.

I grabbed the video laryngoscope that was positioned next to me, half expecting the light not to work. It did. Her jaw didn't.

Heart rate 64. *No, no, no*…

"Where's the sedative?"

"She's still grabbing it. We have sux drawn up. Do you want it?"

NO!

Beep… Beep… Beep… 60.

Yes.

"Yes. 100 mg. Now."

I watched the nurse push the paralytic, and I could feel the stinging in my arm from 2 years ago. I looked into the patient's eyes. The tightness in my chest became an intense pain as the gorilla squeezed.

What have I done?

Her jaw relaxed, and the laryngoscope blade slid into the only space she had left. *Oh, man*. Landmarks were gone. The edema and secretions were disorienting.

The gorilla cinched down. I glanced at the cric kit as the RT suctioned her pharynx.

I glanced back and caught a glimpse of what I was convinced were cords. *I've got a shot*.

"We've got etomidate."

"Push it."

"Saturations 80%," a peripheral blurry figure blurted out.

The 6.0 ETT danced around the target. *One shot, then I cut.* I somehow finessed the tube through the tiny abyss and held it in place for what seemed like eternity.

OXYGEN! The CO_2 detector was placed on the end of the tube and bagging commenced.

Chest rise and fall…but she can't feel it.

"Etomidate is in."

Everything became slow motion as the CO_2 detector stared me in the face. Convinced the tube was misplaced, I was about to remove it when the paper turned purple.

Beep… Beep… Beep… Heart rate 83…97…105.

The gorilla let loose.

My full visual field became clear, and I began to shake and my legs gave way to my body weight. I slid down to a kneeling position with a death grip on my patient's lifeline while the staff secured it.

I choked back tears. *What did I just do?*

My legs regained enough strength to stand, and I looked into the patient's eyes as mine filled up. I held her head and leaned down. "I'm so sorry. I wish you didn't have to experience that, because I have, and it sucks. I hope you can forgive me." I exited the room as the first drop of saline was about to run down my face.

I headed for my desk to start orders.

…or regroup.

"Excuse me. My husband would like a pillow." A random lady was standing in front of me.

Smile. "Sure. We'll get one."

The room was dark. The glow of the monitors illuminated my patient's face. ICU visits are uncommon for me, but I needed this one.

I leaned on the doorframe and listened to the ventilator's steady cadence. I replayed the events from 2 days prior.

I wanted to apologize. I wanted to hear she didn't remember anything. I needed her forgiveness.

Beep… Beep… Beep… Heart rate 62.

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Military disclaimer: The views expressed in this article are those of the author and do not reflect the official policy or position of the Department of the Air Force, Department of Defense, or the US government.

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IMAGES IN EMERGENCY MEDICINE

(continued from p. 305)

DIAGNOSIS:

Cerebral fat embolism. Ultrasonography showed solid echogenic material in the right internal and external carotid arteries, whereas digital subtraction angiography confirmed that the right internal carotid artery was occluded in the C2 segment (Figure 2*A* and Video E1 [available online at http://www.annemergmed.com]). After arterial embolectomy, postoperative digital subtraction angiography demonstrated restoration of forward flow of the right internal carotid artery and middle and anterior cerebral arteries (Figure 2*B* and Video E2 [available online at http://www.annemergmed.com]). Several fat particles were removed, the largest being $10\times4\times3$ mm^3 (Figure 3). The patient died after 20 days because of complications of bilateral massive cerebral infarction.

Symptomatic cerebral fat embolism is a rare and potentially fatal complication arising after trauma or aesthetic surgery.[1-3] Typical signs include deteriorating mental status and progressive respiratory insufficiency within 24 to 48 hours.[4] In our patient's case, the fat granules moved from the superficial temporal artery to the ipsilateral internal carotid artery through the external carotid artery and caused the stroke.

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