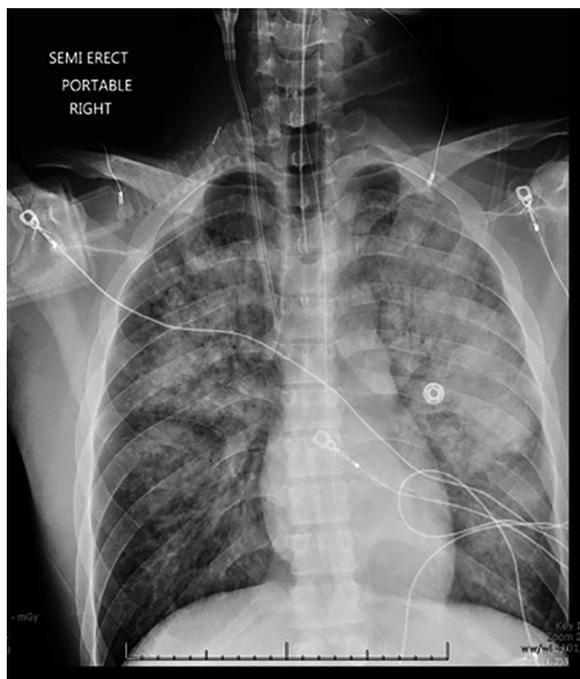


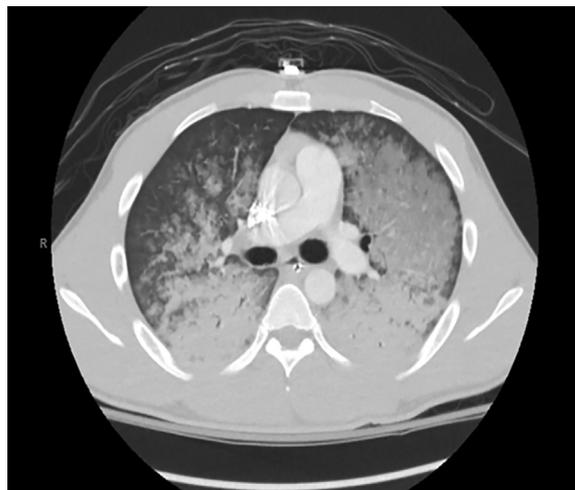


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<https://doi.org/10.1016/j.annemergmed.2019.06.011>

**Figure 1.** Chest radiograph (anterior-posterior view) showing appropriate position of the endotracheal tube and diffuse, bilateral infiltrates.



**Figure 2.** CT of the chest (axial view) showing diffuse bilateral airspace opacities.

[Ann Emerg Med. 2019;74:e85-e86.]

A 21-year-old man with a history of asthma and epilepsy presented to the emergency department (ED) with a witnessed seizure. The patient returned to baseline and expressed that he had not received his medication for 6 months. He was given a 2-g loading dose of intravenous levetiracetam, observed, and discharged home with refills of his antiepileptics. Two hours later, the patient returned to the ED for 2 additional witnessed seizures. He was postictal on arrival and had a third seizure moments after being triaged. Treatment for status epilepticus was initiated and successful; however, the patient became hypoxic on room air, ultimately requiring intubation. Afterward, he remained hypoxic, with oxygen saturations of approximately 75% on maximum ventilatory support.

*For the diagnosis and teaching points, see page e86.*

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## IMAGES IN EMERGENCY MEDICINE

*(continued from p. e85)***DIAGNOSIS:**

*Neurogenic pulmonary edema.* Chest radiograph and computed tomography (CT) of the chest revealed diffuse pulmonary opacities, consistent with acute-onset pulmonary edema (Figures 1 and 2). Neurogenic pulmonary edema is theorized to be the result of a large catecholamine surge, leading to pulmonary vasoconstriction, increased hydrostatic pressure, and resultant pulmonary edema.<sup>1,2</sup> It can occur in both early (ie, minutes to hours) and late (12 to 24 hours) forms after a central nervous system injury. It is estimated that one third of patients with fatal status epilepticus had clinical evidence of neurogenic pulmonary edema.<sup>1</sup> Treatment is largely supportive, with lung-protective ventilation strategies. Our patient was admitted to the medical ICU and extubated within 24 hours. He was weaned to room air during several days and subsequently left the hospital against medical advice.

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