78F with decreased O2 sat

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Saddle Embolus
CTA Findings

• Embolus (filling defect) straddles bifurcation of PA
• If >50% vascular bed reduction
  – right heart strain:
    • RV dilation (RV:LV diameter width >1)
    • straightening or leftward bulging intraventricular septum
    • contrast reflux into IVC, hepatic veins, azygous vein
  – PAH
    • enlargement of the pulmonary trunk (>3cm)
• <15% embolic events result in infarction – wedge shaped opacity
• 50% patients with PE have pleural effusion
• 70% will have lower extremity DVT
Imaging Recommendations

• CTA – PA (study of choice)
  – Pregnant patient with ABNORMAL chest radiograph

• V/Q:
  – Contrast allergy
  – Renal failure
  – Pregnant patient with NORMAL chest radiograph
Saddle Embolus

- Incidence among patients diagnosed with PE 2.6%
- May be associated with significant hemodynamic instability, but not always. Mortality not necessarily different.
- Rx:
  - Anticoag
  - Thrombolysis for severely symptomatic patients
  - IVC filter
  - Catheter or surgical embolectomy in select high risk people
References

1. Statdx
2. Radiopaedia