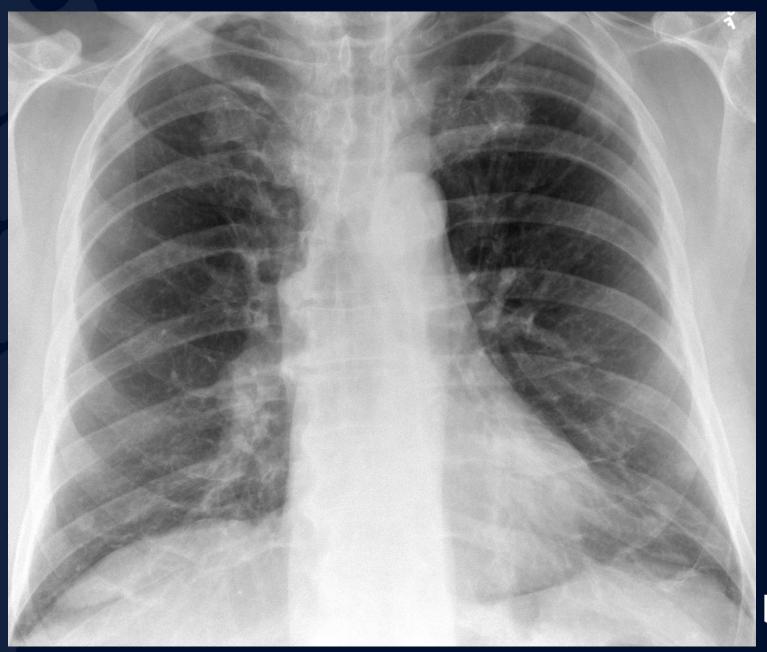
69 year-old male presents with right posterolateral pleuritic chest pain.

Sophia Walker, MS4 Ryan Joyce, MD Douglas Gibson, MD









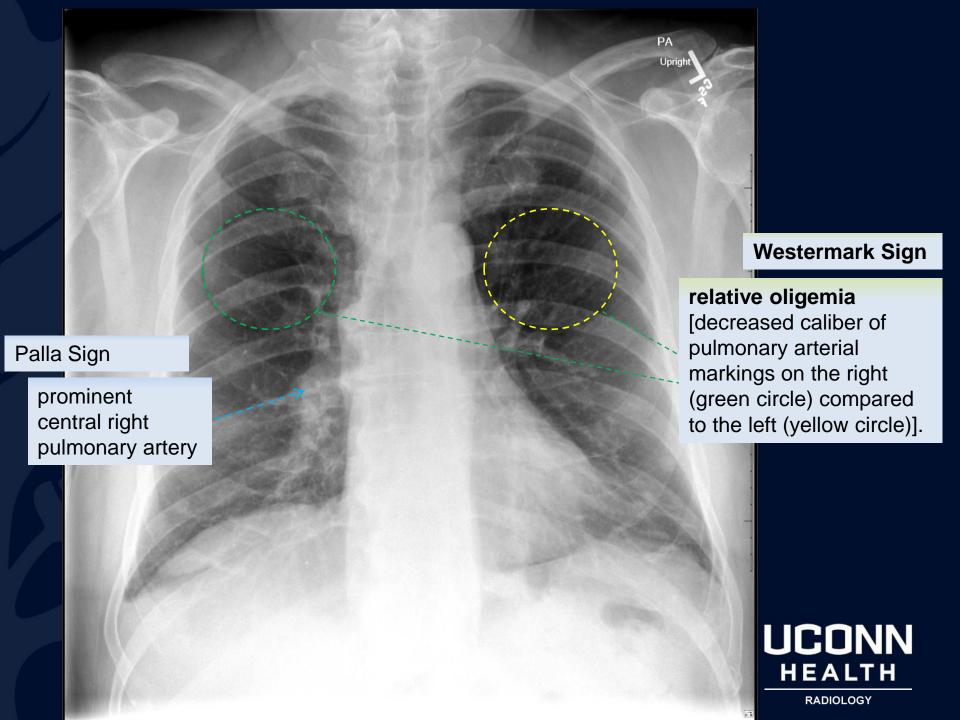


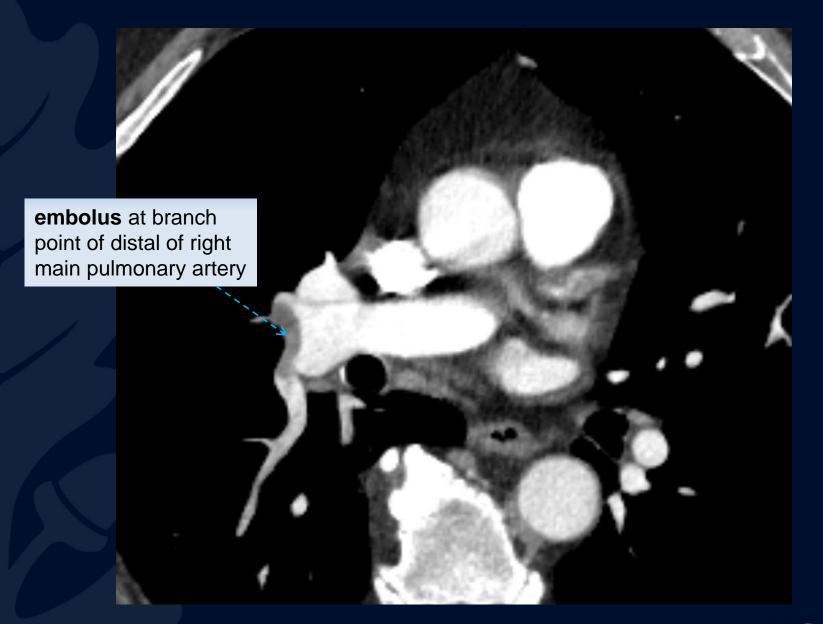




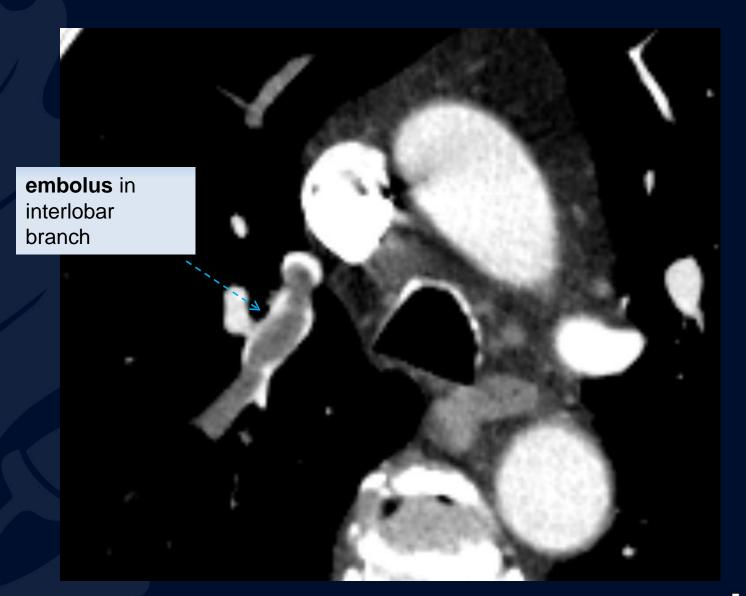
Pulmonary embolus (Westermark and Palla Signs)



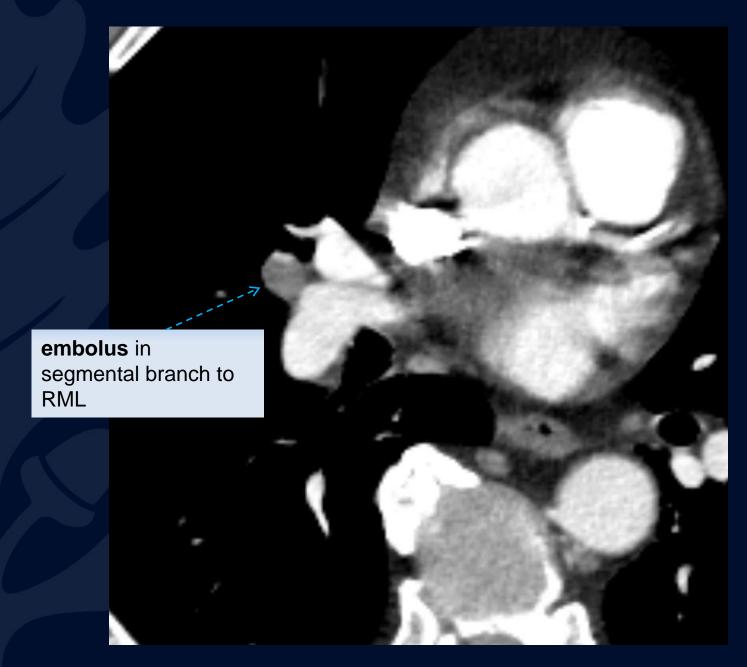










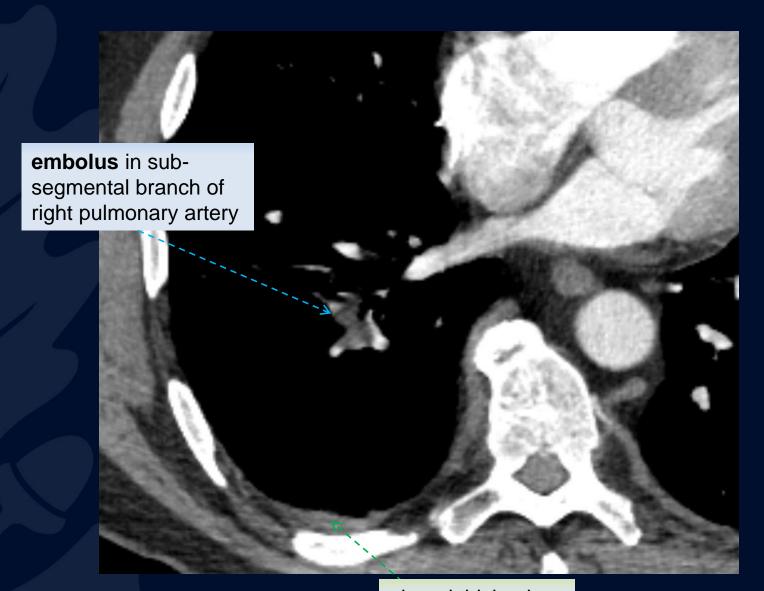




embolus in subsegmental branch of right pulmonary artery







pleural thickening, likely representing reactive or ischemic pleuritis



Pulmonary Embolus (Westermark and Palla signs)

- Westermark Sign areas of relative oligemia secondary to decreased caliber of regional pulmonary arteries.
 - The relative oligemia occurs as a result of proximal occlusion of the involved pulmonary arteries.
- As seen in this case, the more central pulmonary artery may be dilated (Palla sign).
- Westermark sign has the highest positive predictive value (~38%) and specificity (~92%) for pulmonary embolism relative to other plain radiographic findings.
- Note that generally, plain radiographs are used to exclude alternative diagnoses on the differential, i.e. pneumonia, CHF, or pneumothorax.
- Most plain chest radiographs in the setting of PE are NORMAL.



Pulmonary Embolus (other signs)

- Fleischner sign enlarged main pulmonary artery.
- Hampton hump peripheral wedge-shaped region of opacity suggesting lung infarction distal to embolus.
- Palla sign enlarged right pulmonary artery.
 - When seen with Westermark sign suggests emboli in segmental or smaller sub-segmental pulmonary arteries

RADIOLOGY

- Chang & Knuckle signs dilated and abruptly cut off right pulmonary artery
- Note that the absence of any of these signs does not exclude a pulmonary embolism

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