

Clinical Image

Pulmonary Embolism Saddle

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Pulmonary embolism remains a fatal and frequent complication of thromboembolic disease despite the development of preventive methods. Cancer patients are at higher risk of thromboembolism than those in the general population [1]. The thoracic CT angiography is the standard examination; it makes the diagnosis with certainty by showing the endoluminal thrombus. Saddle pulmonary embolism is a radiological term; it is defined by the presence of a thrombus overlapping the bifurcation of the main pulmonary artery extending to both right and left. It represents 2 to 5% of pulmonary embolisms [2].

We present the image of a hemodynamically stable 69-year-old patient followed for adenocarcinoma of the prostate who was referred in our training to a thoraco-abdomino-pelvic scanner for assessment and evaluation of his pathology. The chest CT revealed a hypo dense endoluminal thrombus of the pulmonary artery trunk extended to its right and left dividing branches (Figure 1). Abdominal sections showed an endoluminal thrombus of the right common iliac vein extending to the inferior vena cava (Figure 2).

The appearance in the saddle is not a sign of seriousness and does not require aggressive therapy. Most patients are hemodynamically stable and respond to standard management of pulmonary embolism with anticoagulants [3].

References

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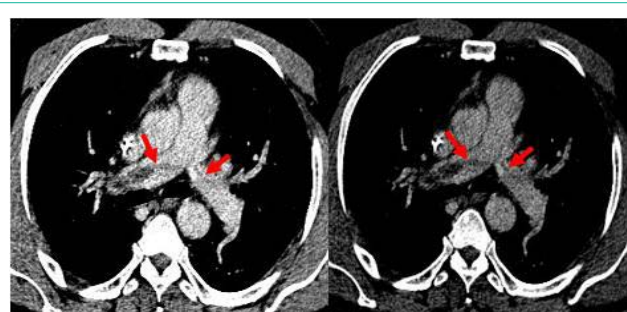


Figure 1: Chest CT scan with injection of the contrast product in the portal phase in axial section showing an intraluminal thrombus of the bifurcation of the pulmonary artery with extension to its left and right dividing branches producing a saddle appearance (Red Arrow).



Figure 2: Abdominal CT scan with injection of the contrast product in the portal phase in sagittal reconstruction showing an intraluminal thrombus of the right common iliac vein extended to the inferior vena cava (Red Arrow).

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