Fatal pulmonary embolism in a teenager: case report

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Massive pulmonary embolism is unusual in young people. We present a case of massive pulmonary embolism in a teenage Chinese patient. Initially he presented to the emergency department with dyspnoea and fever. Influenza B was diagnosed during his four-day stay in the paediatric ward. One week later he suddenly collapsed and presented to the emergency department with chest pain, syncope and dyspnoea. Despite undergoing rapid assessment, along with prompt admission to intensive care and cardiopulmonary resuscitation, he died. Autopsy revealed massive pulmonary embolism, which is rare at this age. Computed tomography pulmonary angiography and early thrombolytic therapy may improve the outcome in similar cases. (Hong Kong J Emerg Med 2006;13:100-104)

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Introduction

Paediatric pulmonary embolism is a rare disease entity in the Chinese population. This paper describes a 15-year-old male who initially presented to the emergency department (ED) with signs and symptoms of an upper respiratory tract infection. He re-attended the ED one week later with syncope and intractable shock. The final diagnosis at autopsy was massive pulmonary embolism.

Case report

A 15-year-old male presented in September 2004 to the emergency department five days after returning to Hong Kong from China. His complaints were fever, chills and a mild cough for one day but no other respiratory or gastrointestinal symptoms. He had been in China for six days, visiting relatives who were all in good health. There was no history of contact with sick patients in China and the rest of his family remained well. There was no history of prolonged travel to, from or within China. There was no family history of sudden death or heart disease.