

Pulmonary Embolism Presentation and Diagnosis

Pulmonary embolism is a life threatening occurrence and it is necessary to diagnose this quickly. Patients typically present with SOB, tachypnea, hypoxia, and hemoptysis. Diagnosis is done with CT Pulmonary angiogram, but can also be done with V/Q scan and D-dimer.



PLAY PICMONIC

Presentation

Sudden onset Shortness of Breath (S.O.B.)

[S.O.B.](#)

Patients with PE typically present with sudden onset shortness of breath.

Tachypnea

[Tac-P-lungs](#)

These patients also have tachypnea, or rapid respiratory rate (greater than 20).

Pleuritic Chest Pain

[Pearls causing Pain-bolt](#)

Patients experiencing pulmonary embolism often complain of pleuritic chest pain, which worsens with breathing.

Hemoptysis

[Red-mop coughing blood](#)

In some cases of PE, patients display hemoptysis (coughing up blood).

Hypoxemia

[Hippo-blood-O2](#)

With pulmonary embolism, a perfusion defect occurs, leading to decreased ability for oxygen to be transferred to the blood. This manifests as hypoxemia.

Sudden Death

[Death of lungs](#)

In severe cases of PE, patients may experience sudden death. This may often be the first sign of PE they show.

Diagnosis

Gold Standard: CT Pulmonary Angiography

[Gold Cat-scanner with Lungs Angel-graph](#)

CT pulmonary angiography is the gold standard for diagnosing pulmonary embolism. This works by obtaining a pulmonary angiogram using computed-tomography.

X-Ray

[X-ray](#)

Chest X-rays in PE can demonstrate abnormalities, but usually lack signs that are specific for the diagnosis of PE. It is for this reason that X-ray is not the first line method of diagnosing PE.

D-Dimer**Detective-Dime**

D-dimer is a fibrin degradation product, a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. The D-dimer concentration may be determined by a blood test to help diagnose thrombosis.

V/Q Scan**Vent/Q-pear-fuse Scanner**

Ventilation/perfusion scan (or V/Q scan or lung scintigraphy), which shows that some areas of the lung are being ventilated but not perfused with blood (due to obstruction by a clot). It is particularly useful in patients with contrast allergies, or those who are pregnant and should have decreased radiation exposure.