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08. ACUTE COR PULMONALE IN OTHER CLINICAL SETTINGS

Sudden obstruction of the pulmonary circulation by a gas or fat embolism causes acute pulmonary artery hypertension, which is often rapidly reversible. We have reported a case of ACP triggered by intravenous injection of drug powder(23).

Film 34: Patient admitted to intensive care because of respiratory distress. During spontaneous breathing, TTE detected acute cor pulmonale. History taking revealed that a few hours before the patient had intravenously injected powdered Palfium tablets, which obstructed the pulmonary circulation. The outcome was spontaneously favorable with normalization of right ventricular function.

Acidosis, whether respiratory or metabolic, induces pulmonary artery hypertension, which has long been known to complicate primary lactic acidosis (24). We have observed several cases of ACP complicating primary lactic acidosis (1). Lactic acidosis caused by septic shock may also be involved in the onset of ACP.

Film 35: TEE visualized ACP in this female patient with septic shock of pulmonary origin, and unaltered ventilatory mechanics. There was marked lactic acidosis with a base excess of -20 mEq/l and a pH of 7.07.

Film 36: In the same female patient as in film 35, metabolic acidosis (base excess -2 mEq/l, pH 7.39) was corrected by continuous veno-venous hemodiafiltration and ACP resolved concomitantly.