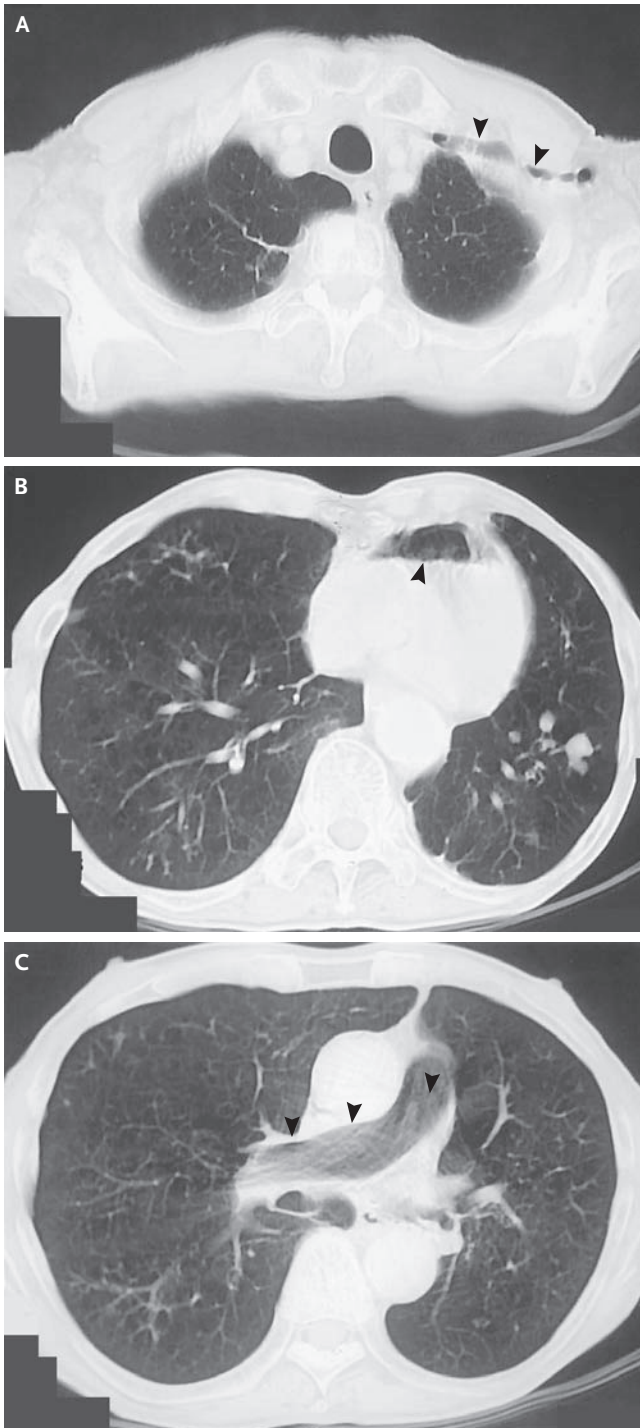


IMAGES IN CLINICAL MEDICINE

Venous Air Embolism



AN 82-YEAR-OLD MAN WAS TRANSFERRED TO our hospital for the treatment of respiratory distress after computed tomography (CT) of the thorax. He had undergone a follow-up evaluation seven years after a lower left lobectomy for bronchial carcinoma. At the end of the examination, when the patient got down from the examining table, he had acute dyspnea, weakness of the arms and legs, and dizziness. He did not lose consciousness. The CT demonstrated a large amount of air in the left subclavian vein (Panel A, arrowheads), the superior vena cava, the right ventricle (Panel B, arrowheads), and the pulmonary-artery trunk (Panel C, arrowheads). The patient was immediately placed in the left lateral and Trendelenburg's position while breathing 100 percent oxygen and was transferred. At admission, the patient's clinical status improved quickly and he recovered without any sequelae.

Ninety milliliters of air had been injected in error instead of contrast solution because the injector had been repositioned but the disposable syringe had not been replaced with a new syringe. This incident emphasizes the need to ensure the safety of injector devices and intravascular catheters to prevent the injection of air.

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Antoine Cuvelier, M.D., Ph.D.
Jean-Francois Muir, M.D.

Rouen University Hospital
76031 Rouen CEDEX, France