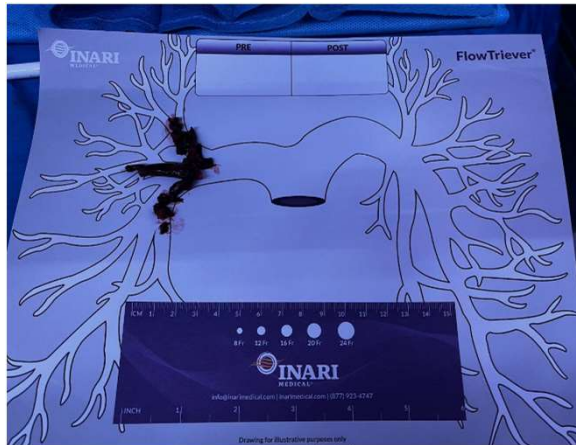


Historically, pulmonary artery thrombi have been thought to be secondary to embolization from a deep vein thrombosis. This line of thinking has been challenged in recent years as thrombotic masses in the pulmonary arteries have been discovered without evidence of embolic origin in the setting of chest wall trauma. The mechanism is largely unknown and management is not standardized.

We present a case of a 58 yo male with a past medical history of hypertension and polysubstance abuse, presenting with pulmonary artery thrombosis following fall from a great height.

CASE DETAILS & SURGICAL MANAGEMENT

- 58yo M s/p 15 ft fall + hit with tree branches
- Displaced fx of right ribs 3-6
- Large thrombus at distal right main artery, right truncus anterior artery, right intralobular artery
- No right heart strain observed
- Underwent mechanical thrombectomy
- Extrathoracic fixation of ribs 4-6
- Intrathoracic surgical stabilization of rib 3



Conclusion and Discussion

This case demonstrates preoperative thrombectomy as a bridge to allow for safe progression of care to surgical rib stabilization in a patient with right-sided pulmonary artery thrombus.

Additionally, it highlights the importance of distinguishing the origin of pulmonary emboli compared with pulmonary artery thrombosis in situ in the setting of trauma. Furthermore, it brings cause for discussion of optimal treatment of pulmonary thrombosis arising from origins that differ from the classic DVT to pulmonary embolism pathway.

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