

A Real Case of Obstructive Shock

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EA: Female patient, 84 years old, with hypertension, dyslipidemia, no history of cardiovascular disease, who approaches to emergency with a progressive dyspnea, orthopnea and nocturia of 30 days of evolution.

On admission, it was found bilateral crepitant rales to media fields.

-Chest X-ray: shows an increased CTI, a prominent aortic arch and a widened mediastinum (Figure 1).

-Echocardiogram: sinus rhythm, without signs of acute ischemia and left ventricular overload.

-Ultrasound scan: LVSF and diameters preserved. Moderate to severe LVH. Negative balance is carried out with poor response, a tendency to hypotension and oliguria, with inotropic requirements.

-Ultrasound scan control: LVSF preserved, it is visualized an extrinsic compression of the left atrium.

-Chest CT scan: (Figures 2 and 3) that evidences giant paraesophageal hiatal hernia, with involvement of cardiac chambers.

Given the poor evolution of the treatment is decided to carry out surgical treatment with Nissen fundoplication. The patient evolved favorably, with hospital discharge on the third day.

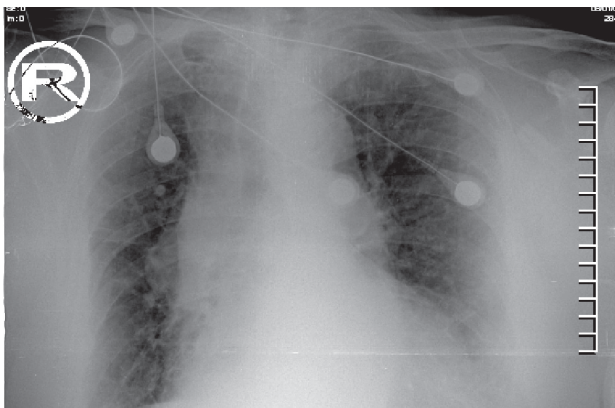


Fig. 1.

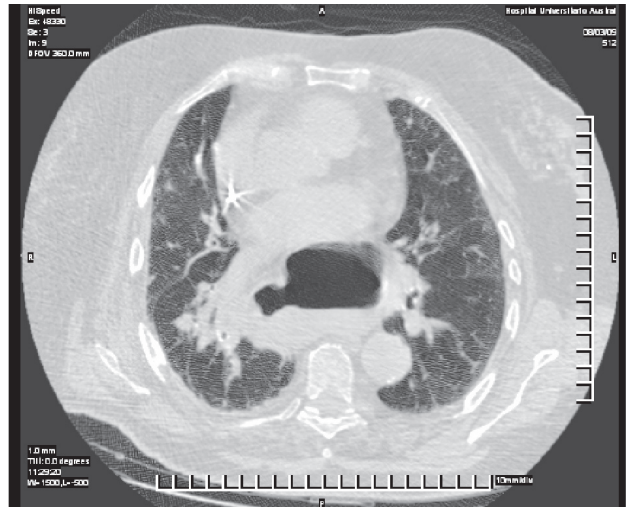


Fig. 2.

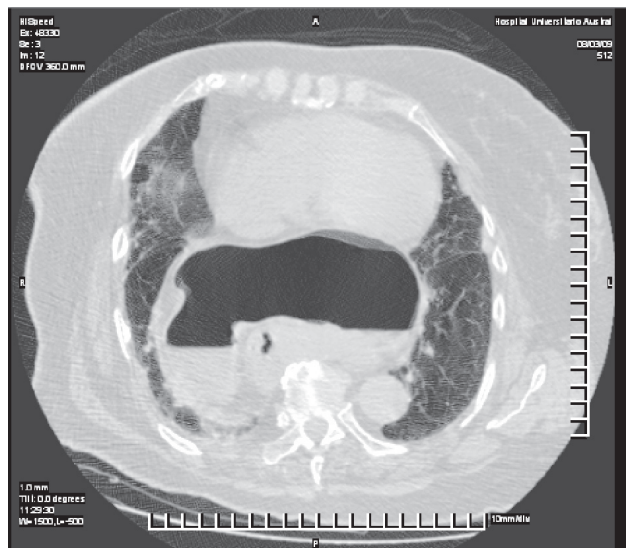


Fig. 3.