



IMAGES IN THORAX

An unusual cause of pulmonary embolism

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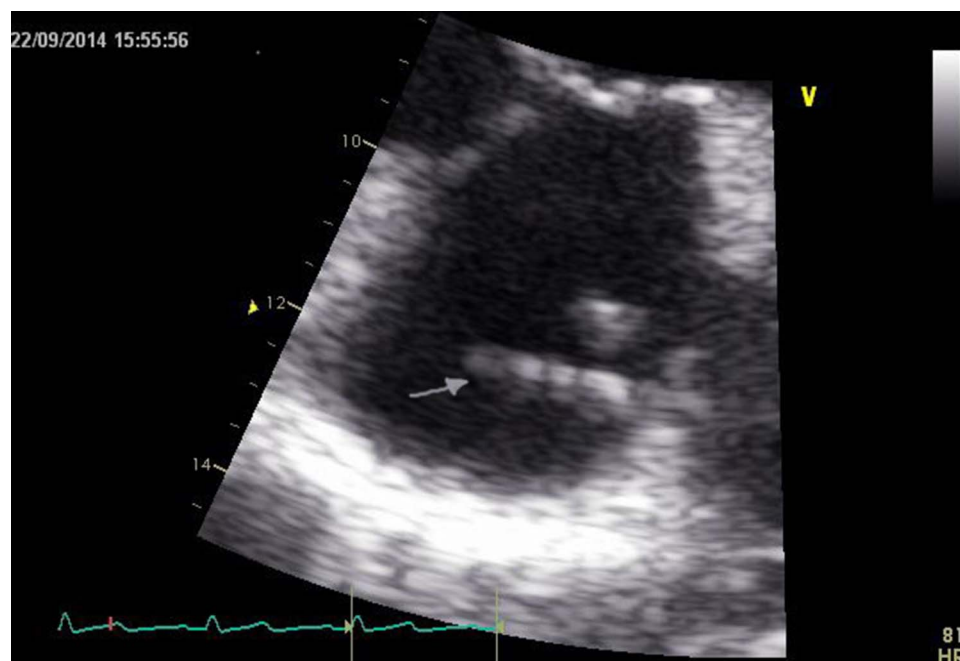
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CASE REPORT

A young patient presented with acute dyspnoea. Anamnesis revealed the loss of metallic guide wire

(GW) during a jugular cannulation 4 years before. Consecutive bilateral pulmonary embolism (PE) was diagnosed by thoracic angio-CT that confirmed

**Figure 1** Sagittal reconstruction obtained from CT angiography showing metallic guide wire from superior vena cava to right external iliac vein.**Figure 2** Transparietal cardiac echography showing the extremity of the guide wire (white arrow) and above, attached mobile thrombi in the right atrium.

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presence of GW in the vena cava and in the right atrium (figures 1 and 2). Tinzaparin was started. Two weeks later, right iliac veinotomy allowed finally extracting the GW after two unsuccessful transcatheter attempts. Clinical course was favourable despite occurrence of supraventricular tachycardia, secondary to right atrium lesions. Loss of GW is extremely rare,¹ and usually faster removed. Secondary PE has never been described previously.

Correction notice This article has been corrected since it was published Online First. The provenance and peer review statement has been corrected.

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