Radiology elective case presentation
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YSM class of 2020

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Case presentation

- 65yo man with history of mitral valve replacement 8/2, HTN, HLD, PVD, CAD s/p PCI w/ stents 2009

- Presented to YNHH ED on 8/22 with 3 weeks of substernal chest pain and intermittent dyspnea.

- Acute worsening of chest pain overnight (woke him from sleep) and of dyspnea after ED arrival (unable to speak in full sentences without struggling to breathe).

Initial vitals

- BP 123/81  Afebrile  SpO2 96%
- HR 67  RR 17

- Trop I: 0.02
- proBNP: 1179 (nl <300)
- INR: 2.15
- ECG: wnl
Case resolution

• Given vancomycin in ED, SpO2 dropped to 80%, vancomycin was stopped and IV bolus given with good effect.


• Fluid cultures grew G+ cocci in clusters in 1/2 bottles.

• Remained afebrile and hemodynamically stable. Discharged home 8/23 on doxycycline.
Postoperative mediastinal infections

- Incidence of \(~0.8\%) after sternotomy, median time to infection \(~20\) days$^1$
- Mortality estimates range from 14\% to 47\%$^2$
- Risk factors include PVD, smoking, high NYHA score, surgery involving bilateral internal mammary artery use, and prolonged use of ventilator post-op$^3$
- CT findings in postoperative pts with acute mediastinitis$^4$
  - Retrosternal fluid collection: 46\%
  - Pleural effusion: 68\%
  - Pericardial effusion: 35.7\%
  - Sternal dehiscence: 57\%

Sources: