

中文題目： 中秋烤肉蹲坐過久引發深度靜脈及肺栓篩之個案報告

英文題目： Prolong squatting during Full-Moon Festival BBQ induced deep vein thrombosis and pulmonary embolism, a case report

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Abstract:

We present this case of thromboembolism caused by prolong squatting. Our patient began to developed left posterior knee pain after squatting for over two hours on a Bar-B-Q session. Pulmonary embolism was highly suspected and proved by CT scan and deep vein thrombosis by nuclear scan studies.

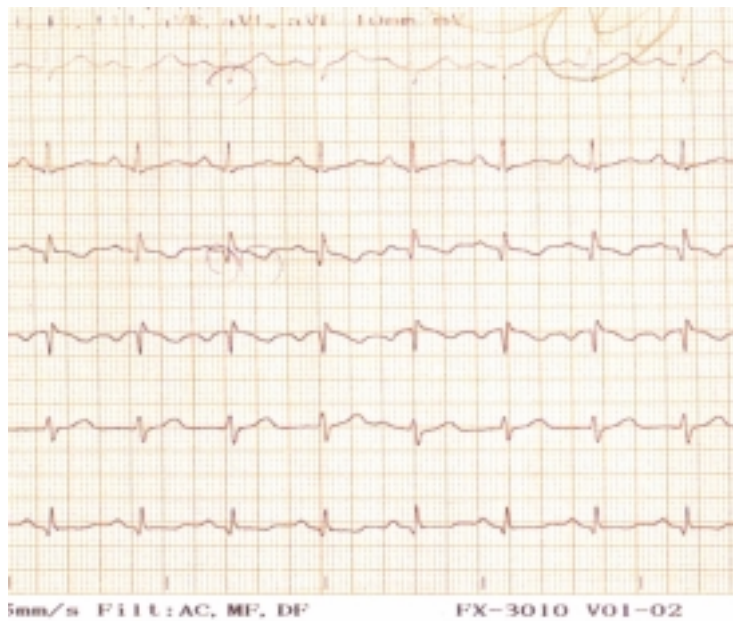
Case Report:

This 43-year old female patient with past history of ovarian cyst, and Carpal tunnel syndrome, she is not on hormonal therapy. She began to develop left posterior popliteal, calf pain after squatting for continuous two hour one week prior to admission. She was treated at local clinic intermittently without obvious improvement. She returned to the clinic again about half an hour prior to arrival at our emergency department. She was admitted to our intensive care unit due to shock status. Her initial CXR appears normal. EKG shows S wave at lead I, Q wave and T-inversion at lead III (**Picture 1**).

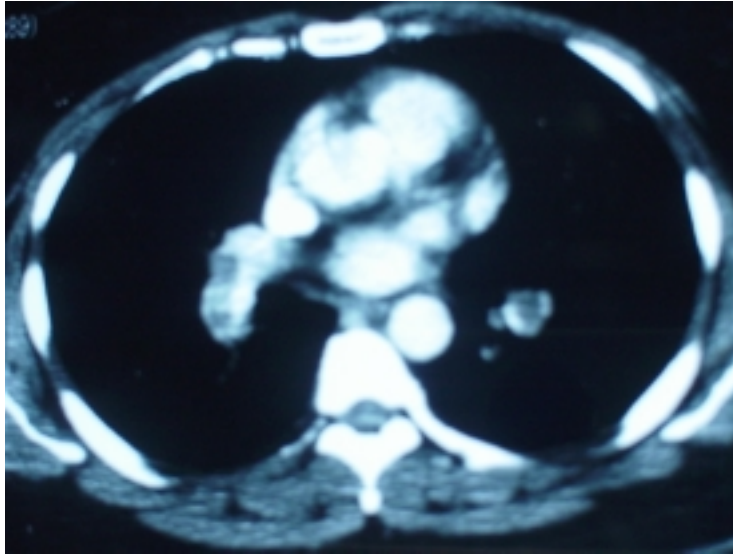
After detail review of her history, we have begun to suspect possible deep vein thrombosis and pulmonary embolism. Chest CT was arranged (**Picture 2,3**), where we have noted filling defects over bilateral main pulmonary arteries.

Heparination has began, although her echocardiography were negative for embolism.

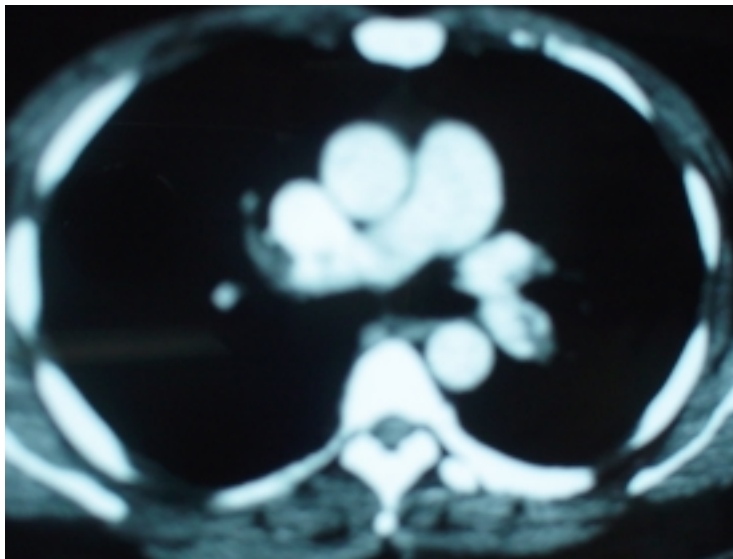
D-Diimer returned elevated at 908 (N<324).
Which prompted for perfusion, ventilation scan
(Picture 4), and radionuclide venography**(Picture 5)**. Patient's condition has improved and was transferred out of ICU, with warfarin for anticoagulation. She remain stable on out-patient follow ups.



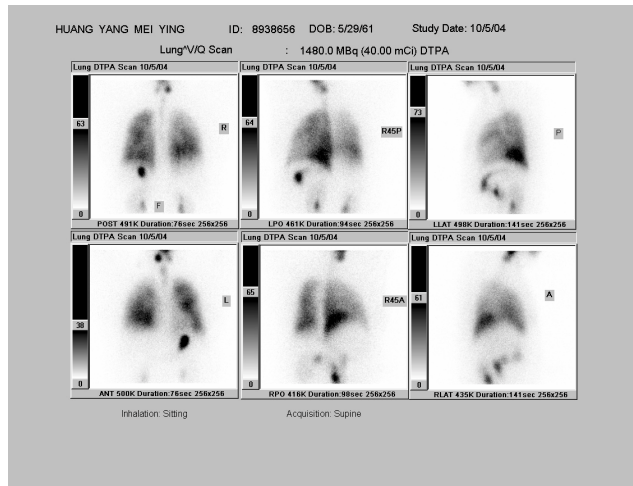
Picture 1, EKG: S1, Q3, and T3



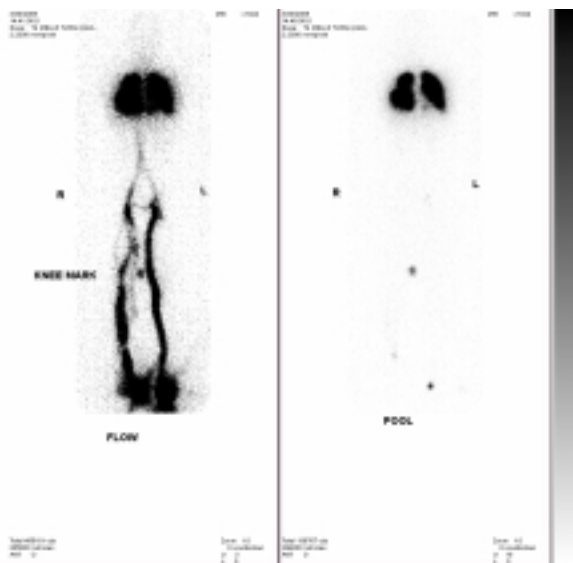
Picture 2, Chest CT: Filling defect over right pulmonary trunk



Picture 3, Chest CT: Filling defect over left pulmonary trunk



Picture 4, Perfusion, ventilation study,
 perfusion defects in superior segment of right
 lung and anterior basal, medial basal and
 superior segments of left lung



Picture 5, Radionuclide venography, bilateral
 DVT with obliteration of bilateral lower
 extremity and left iliac vein

Discussion:

Thromboembolism is a multi-factorial disease resulting from the interaction between genetic and environmental risk factors. Pulmonary embolism triggered by the act of squatting are very rare.

Squatting related venous thromboembolism has been reported on patients with underlying diseases such as atrial fibrillation, diabetics, hyper-coagulable states and etc.

Our patient was presented at our emergency department with syncope and hypotension. The prolong squatting may cause mechanical impairment of venous circulation. The initial thromemboli was formed at the leg, which further travels to the lung. Further treatment include life style modification; Frequent short walks, avoid oral contraceptives and alcohol, use elastic stockings, and continue anticoagulant therapy.