Annals of Clinical Medicine and Research

Case Study
Published: 08 Sep, 2022

Massive Hemoptysis in a Patient with Peripheral Arterial Diseases, a Therapeutic Puzzle

Adhithyan A, Mahilmaran, Allwyn Vijay and Rajeswari*

Institute of Thoracic Medicine, Madras Medical College, India

Background

Patients with peripheral arterial diseases are at increased risk for stroke, MI, thrombosis and managed with dual antiplatelet therapy. In this case, a recently diagnosed bilateral femoropopliteal occlusive disease presented with massive hemoptysis. Here by discussing the challenges in treating the patient with massive hemoptysis and coexistent PAD.

Case Presentation

A 56 year male, K/C/O DM/ old PTB/ B/L femoropopliteal occlusion/CLI presented with complaints of hemoptysis - 3 days (around 500 ml/day), breathlessness grade 3, and unilateral pedal edema - 1 month. Patient had right CIA stenting, EIA balloon angioplasty 3 months back and on T. aspirin 75 mg OD, T. clopilet 75 mg OD since then. Past h/o PTB present, diabetic for 3 years. Patient had baseline investigations where TC elevated. CT chest-aspergilloma in right upper lobe, PTB sequela changes. LL Doppler - bilateral femoropopliteal occlusion. ECHO-LVSD, EF-40%. Bronchoscopy - blood stained thin secretions in right posterior segment and no fungal elements in cultures (Figures 1-3).

Management

Patient was planned for bronchial artery embolisation. Usually BAE proceeded through femoral artery. Due to bilateral femoropopliteal occlusion, planned for a transradial approach. Difficulties in transradial approach are insufficient size of vessel to accommodate large bore access, difficult catheter manipulation for small vessels near aortic arch, inadequate collateral circulation. Inspite of difficulties, patient had successful BAE. Patient with dual antiplatelet should be weighed with risks - benefits, (here stopped clopidogrel). Patient had higher RBS values due to sepsis requiring higher insulin for glycemic control.

Conclusion

The first goal in managing hemoptysis is protection of airways as common cause of death is

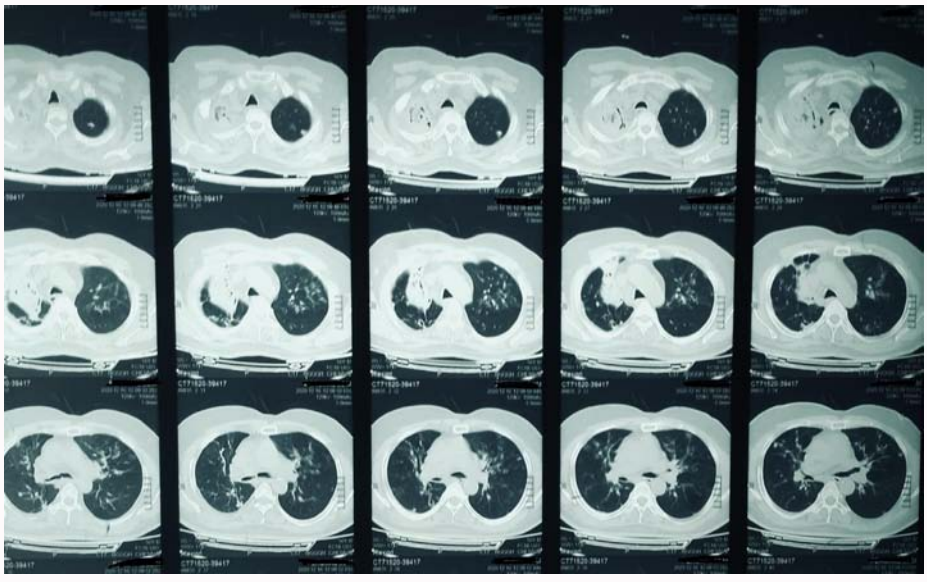

Figure 1: CT chest-aspergilloma in right upper lobe, PTB sequela changes.

OPEN ACCESS

Correspondence:
Adhithyan A, Institute of Thoracic Medicine, Madras Medical College, Chennai, India,
E-mail: adhithyanarulsamy@gmail.com

Received Date: *16 Aug 2022*
Accepted Date: *05 Sep 2022*
Published Date: *08 Sep 2022*

Citation:
Adhithyan A, Mahilmaran, Vijay A, Rajeswari. Massive Hemoptysis in a Patient with Peripheral Arterial Diseases, a Therapeutic Puzzle. Ann Clin Med Res. 2022; 3(3): 1064.

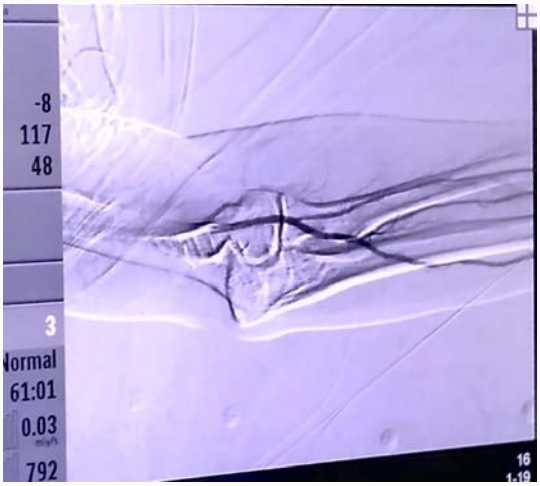

Figure 2: LL Doppler - bilateral femoropopliteal occlusion.

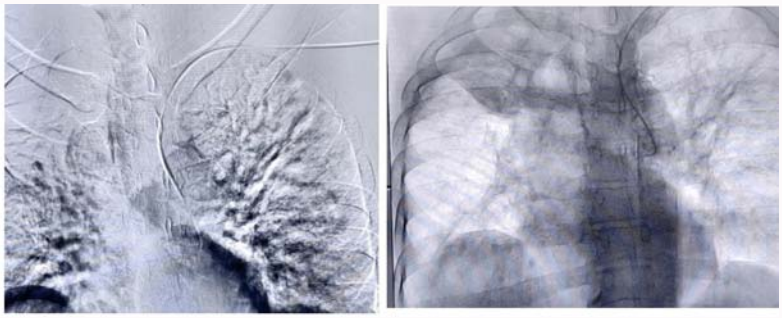

Figure 3: ECHO-LVSD.

asphyxiation. Then the reason for hemoptysis should be investigated and treated accordingly. Here, bronchial artery embolisation planned for temporarily controlling hemoptysis. Dual antiplatelet drugs should be modified according to patient's clinical scenario.