Saddle Pulmonary Embolism as the Initial Manifestation of Pancreatic Cancer

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Picture 1.

A 45-year-old man presented with acute shortness of breath and chest tightness. Subsequent CT angiography of the chest disclosed a saddle embolus within the pulmonary artery extending bilaterally to the upper and lower lobe segmental branches in the axial (Picture 1a, c) and coronal (Picture 1b, d) views. Given the patient's family history of pancreatic cancer, further imaging with CT and MRI of the abdomen was performed, which disclosed a mass in the

body of the pancreas in addition to multiple lesions in the liver suggestive of metastatic disease. A CT-guided biopsy of the liver revealed focal adenocarcinoma with tumor necrosis (Hematoxylin and Eosin staining, 40x; Picture 2a) and positive immunohistochemical staining (40x) for CK7 (Picture 2b), CK19 (Picture 2c) and CA19.9 (Picture 2d), consistent with the features of pancreatic adenocarcinoma.

The possibility of malignancy should be considered in the

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Picture 2.

differential diagnosis of respiratory distress with evidence of pulmonary thromboembolism. Saddle pulmonary embolism has mostly been reported to be associated with rare tumors, including myxoma and chondrosarcoma (1, 2). Proper management involves the administration of anticoagulation and/or thrombolysis, particularly in cases of metastatic disease rendering surgical pulmonary embolectomy infeasible due to a poor overall prognosis (2).

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