



IMAGES IN INTENSIVE MEDICINE

Endobronchial fibrinolysis in a patient with extracorporeal membrane oxygenation[☆]



Fibrinólisis endobronquial en paciente con oxigenación por membrana extracorpórea

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This is the case of a patient hospitalized due to respiratory distress of infectious etiology requiring veno-venous extracorporeal membrane oxygenation, which is why anticoagulation was established. Due to the presence of massive hemoptysis a fiberoptic bronchoscopy is performed that reveals the presence of very organized blood clots from the distal third of the orotracheal tube and into the tracheal carina where there is a compact blood clot coming from both main bronchi and spreading towards the bilateral lobar branches (Fig. 1). The thoracic CT scan performed reveals the total obstruction of the upper airway by a high-density material from the distal third of the trachea (Fig. 2A), both main bronchi (Fig. 2B), and the remaining distal airway leaving the upper tracheal third as the only patent section (Fig. 2C). Endobronchial fibrinolysis is performed with urokinase and washout with fiberoptic bronchoscopy after every instillation. Favorable disease progression with greater patency of both bronchial systems and clinical improvement that allowed the team to wean the patient from extracorporeal membrane oxygenation after 21 days.

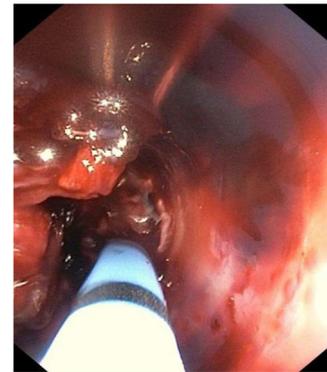


Figure 1

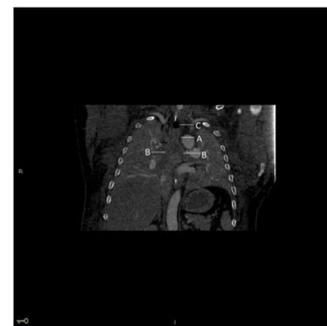


Figure 2

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