



IMAGES IN INTENSIVE MEDICINE

Harlequin syndrome: a picture speaks a thousand words

Síndrome de arlequín: una imagen vale más que mil palabras

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A 56-year-old man presented with profound shock and unresponsive hypoxemia. Pulmonary embolism was suspected given the extremely dilated right ventricle with septal flattening. It was decided then to start peripheral veno-arterial

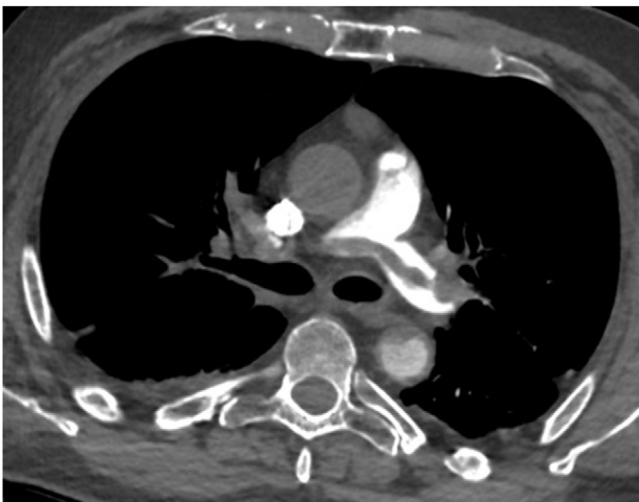


Figure 1

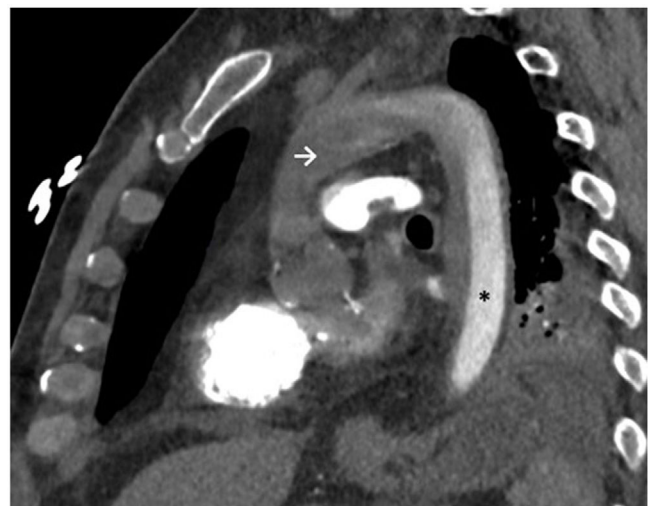


Figure 2

extracorporeal membrane oxygenation (VA-ECMO) through bedside cannulation. 72 h later, the patient was on unfrac-tionated heparin, had recovered from multiorgan failure without neurological impairment and vasopressors had been withdrawn. However, persistent hypoxemia and right ven-tricle dysfunction challenged ECMO weaning. A computed tomography confirmed the diagnosis (Fig. 1) and provided evidence of the harlequin syndrome (Fig. 2) as the two bloodstreams, the native cardiac output and oxygenated

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Figure 3

ECMO return, meet in the watershed area. Subsequently, the patient underwent a successful transcatheter pulmonary thromboaspiration (Fig. 3) and could be weaned from mechanical ventilation and ECMO the following days. He was discharged two weeks later without further complications.

#### **Authors' contribution**

Conception, design and writing the article JMS and ISC. Analysis and image collection NAE.

#### **Conflict of interest**

None.

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