

**DISKRETAN RADIOLOSKI NALAZ KOD PLUCNE TROMBOEMBOLIJE
sa prikazom jednog slucaja masivne plucne embolije**

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.Incidenca plucnog tromboembolizma je u stalnom porastu zahvaljujuci prvenstveno tome sto se na njega vise misli i sto se bolje prepoznaje. Medjutim, dijagnoza je dosta teska i za zivota se i danas postavlja u svega 1/3 do 1/2 slucajeva.

Uzrok neblagovremenog prepoznavanja plucnih tromboembolija je cesto postojanje minimalnih radioloskih promjena ili cak normalan radioloski nalaz zbog cega ljekar ne sumnja na plucnu emboliju narocito ako su u pitanju mladje osobe.Osobito su dijagnosticki zahtjevne submaivne plucne embolije a one su najcesce.

Cilj naseg rada je utvrditi koliko cesto se diskretne radioloske promjene vide kod submasivne i masivne plucne embolije.

Obradjeno je 27 bolesnika oba pola sa plucnom tromboembolijom kod kojih su postojali umjereni i veliki scintigrafski ispadi perfuzije a koji su lijeceni na nasoj klinici u posljednje dvije godine. Prikazan je i jedan slucaj masivne plucne tromboembolije sa minimalnim radioloskim promjenama.

Najcesce radioloske promjene kod nasih bolesnika su bile elevacija dijafragme i postojanje plocastih atelektaza. Kod jednog bolesika je bio potpuno uredan radioloski nalaz.

Poruka naseg rada je da se kod dispnoicnog, uplasenog bolesnika bez bronhospazma uvijek mora misliti i na plucnu tromboemboliju, bez obzira na radioloski nalaz na plucima.

**DISCRETE RADIOLOGICAL FINDINGS AT THE PULMONARY
THROMBOEMBOLISM WITH CASE STUDY OF PATIENTS WITH MASSIVE PTE**

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Increasing awareness of the conditions which predispose to pulmonary thromboembolism (PTE), accompanied with improved methods of detection are reasons for constant increase in incidence of PTE. Nevertheless,antemortem detection of embolism remains poor, and available information suggest that an antemortem diagnosis has been made in only 30% to 50% of all cases. The chest roentgenogram may show

either minimal changes or even appear normal in most patients. This is a leading cause why physicians do not think about PTE, especially at the young patients. Detection of sub-massive PTE accidents, the most common form of the disease, is particularly faced with difficulties.

This analyze have been made for the purpose of establishing the incidence of discrete radiographic changes seen at both massive and sub-massive PTE. 27 patients, both males and females with PTE, demonstrating zones of absent or sharply decreased radioactivity at the scintiphotography, that have been treated in our clinic during last two years were included in this survey. One case with massive PTE demonstrating minimal radiological changes has been showed, too. The most frequently noticed radiological changes at our patients were elevation of diaphragms, and presence of small linear atelectases. Completely normal chest roentgenograms have been noticed at one patient.

Lessons learned: PTE is always suspicious at the frightened patient presenting dyspnea without signs of bronchial obstruction, regardless of chest roentgenogram examination.