

PROVOKED PULMONARY EMBOLISM POST ARTHROSCOPIC MENISCUS REPAIR: A CASE REPORT

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Introduction: Pulmonary embolism (PE) is a known complication of major orthopedic procedures. Its occurrence in a relatively young and healthy patient is rare. Knee arthroscopy procedures have reported a low incidence of deep vein thrombosis (DVT) and PE (rate of 1.2% - 17.9%). This complication, if occurs, may be life threatening and therefore should be taken seriously. We present a case of PE, in a patient who underwent a knee arthroscopic meniscus procedure in an outpatient setting.

Discussion: 42-year-old with a BMI of 32.2, presented with acute locked knee secondary to meniscus tear. He underwent arthroscopic meniscus repair. Duration of surgery was 1.5 hours under general anaesthesia, using tourniquet. He was discharged well but came back seven days later with shortness of breath. A CTPA done showed bilateral extensive pulmonary artery embolism while lower limb Doppler ultrasound found a thrombus within the left superficial femoral vein. Diagnosis of provoked pulmonary embolism secondary to left lower limb DVT was made. He was treated accordingly and discharged well with regular outpatient follow-ups. Arthroscopic meniscus repair is a simple, common and safe procedure that allows early mobilisation. Venous thromboembolism (VTE) although rare, is a recognisable complication in knee arthroscopic surgeries. Its risks remain relatively unclear, however there is a higher risk for patients aged above 40 and with a high BMI. To date there are no proper guidelines for prophylaxis in patients undergoing knee arthroscopic surgeries.

Conclusion: In our case, due to the borderline age group and high BMI, an in patient setting and VTE prophylaxis, including mechanical and pharmacological approaches should have been considered. A VTE risk assessment tool may be beneficial in aiding decision-making.