

CLINICAL PEARLS

- ▶ High clinical suspicion is the most important factor in determining the workup of PE, as its presentation is often elusive.
- ▶ High-sensitive D-dimer study is useful for its negative predictive value in excluding DVT and PE.
- ▶ V/Q scan is useful in risk-stratifying renal failure and possibly the pregnant patient with suspected PE.
- ▶ MDCTA has become the initial test of choice for patients with a high pre-test probability for PE and no contraindications.
- ▶ Eighty percent of PEs develop from DVTs involving the iliac, femoral, or popliteal veins.

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CASE 17

A 55-year-old man is brought in to the emergency department (ED) by his wife for altered mental status (AMS). She states that for the past day, he has been confused and unsteady when he walks. The patient has a history of hypertension (HTN) and hyperlipidemia. He complains of headache and blurry vision. On examination, he is alert and oriented to person only. On fundoscopy, the optic discs appear hyperemic and swollen, with a loss of sharp margins. His neurologic examination is nonfocal and otherwise has a normal physical examination. The patient's vital signs are a blood pressure of 245/140 mm Hg, heart rate of 95 beats per minute, respiratory rate of 18 breaths per minute, oxygen saturation of 98% on room air and he is afebrile.

- ▶ What is the most likely diagnosis?
- ▶ What is the best management?