

Is it really a Pulmonary Thromboembolism? (A difficult Diagnosis, beyond the Obvious)

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Background: The clinical case described offers, in our opinion, an interesting starting point: there are no obvious and apparently irrefutable diagnoses. Beyond the obvious, there are often alternative and decisive horizons.

Case report: Woman 30-Year-Old History of thrombophilia and repeated abortion. Pregnant at the 28th week. Almost sudden onset of rapidly worsening dyspnoea and edema of the neck and left upper limb. Admitted with a diagnosis of pulmonary thromboembolism (PE) after 1st level investigations and after ultrasound evidence of left jugular thrombosis. Instead, the final diagnosis, which allowed correct management and a positive outcome, was "Primary diffuse large B-cell non-Hodkin's lymphoma of the mediastinum".

Discussion: The correct diagnosis was reached after undertaking a series of investigations, despite the initial orientation being considered practically indisputable and conclusive. In fact, the anamnestic and clinical picture, the ultrasound data, the EKG, the EGA provided for the obvious diagnosis of entry. CT-angiography, performed despite conflicting opinions, also and above all in consideration of the state of pregnancy, instead refuted the initial hypothesis and initiated the correct and complete diagnostic and therapeutic management.

Conclusion: "There is nothing more deceptive than an obvious act" (Arthur Conan Doyle, 1892).