An Ongoing Series

In the Neck and Not Out of the Woods

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After a strenuous 3-day mission in a remote location, one of your teammates approaches you about his left-sided neck pain, which has been worsening for the past 2 days. Feeling quite exhausted yourself, you suspect musculoskeletal neck strain and offer him a dose of acetaminophen. Unfortunately, 2 hours later, your patient returns with vomiting and rapidly progressive orthopnea.

Now you decide to obtain a thorough clinical assessment and find the following: heart rate 125 beats/min, blood pressure 100/70mmHg, respiratory rate 30/min, Spo_2 99% on room air, and temperature 37.5°C (99.5°F).

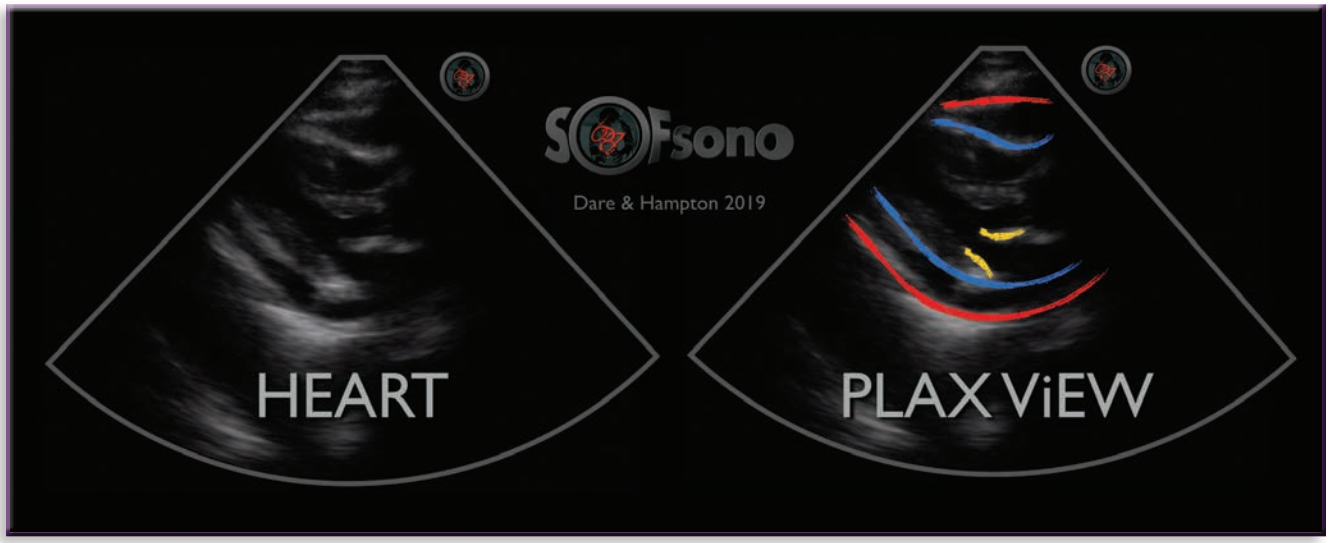
You observe a 33-year-old uncomfortable-appearing man. Inspection and palpation of the neck are unremarkable, which speaks against your initial suspicion of neck strain. The reminder of his examination is notable only for perceived difficulty in auscultation of cardiac sounds, so you obtain a focused echocardiogram.

1. What findings are present in Figure 1, and would you anticipate the possibility of rapid hemodynamic deterioration based on those findings?
2. What technical trick could you apply if having difficulty assessing for the finding in Figure 1?

Join us at SOFsono.org for further case discussion.

We acknowledge the kind case suggestion from CAPT Ryan C. Maves, MD (US Navy).

FIGURE 1 *Heart – PLAX (parasternal long axis) view.*



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