

Woman with Shock After Chemotherapy for Ovarian CA

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Past Medical History

- 54 year old woman with 3 month history of abdominal pain, swelling, and a 20 pound weight loss is diagnosed with
 - peritoneal carcinomatosis, and
 - hyperthyroidism, and
 - a thyroid mass, and
 - severe emphysema

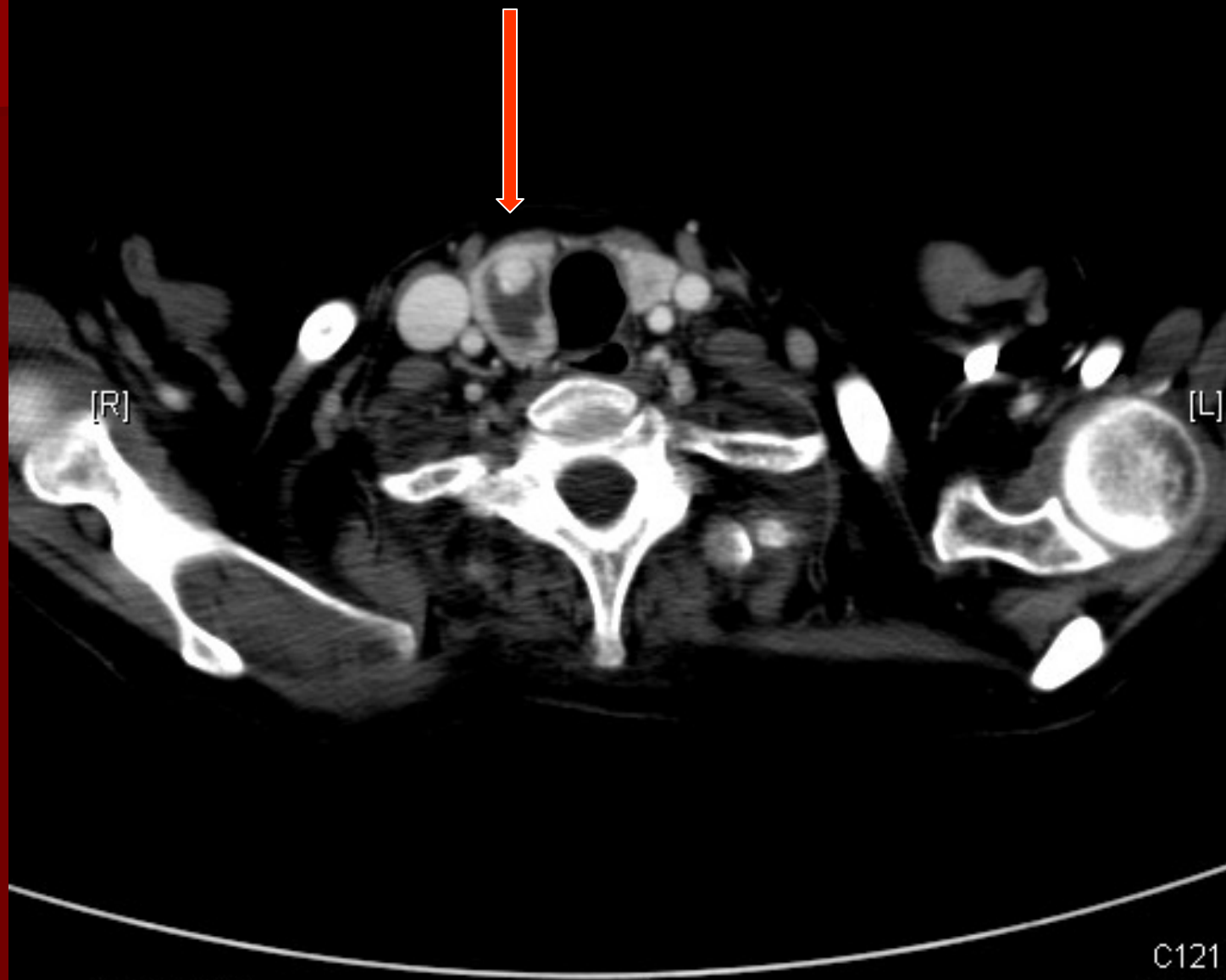
Referred to Pulmonary Clinic

- For pre op clearance for
 - abdominopelvic tumor debulking, AND
- an assessment of
 - Lung nodule - RUL
 - R hilar 3 cm lymphadenopathy

Examination

- Cachectic
- Dyspneic with any movement
- Desaturated on standing to 80%

- Lungs – dull ½ way up, decreased
- Abdomen – fluid wave, tender

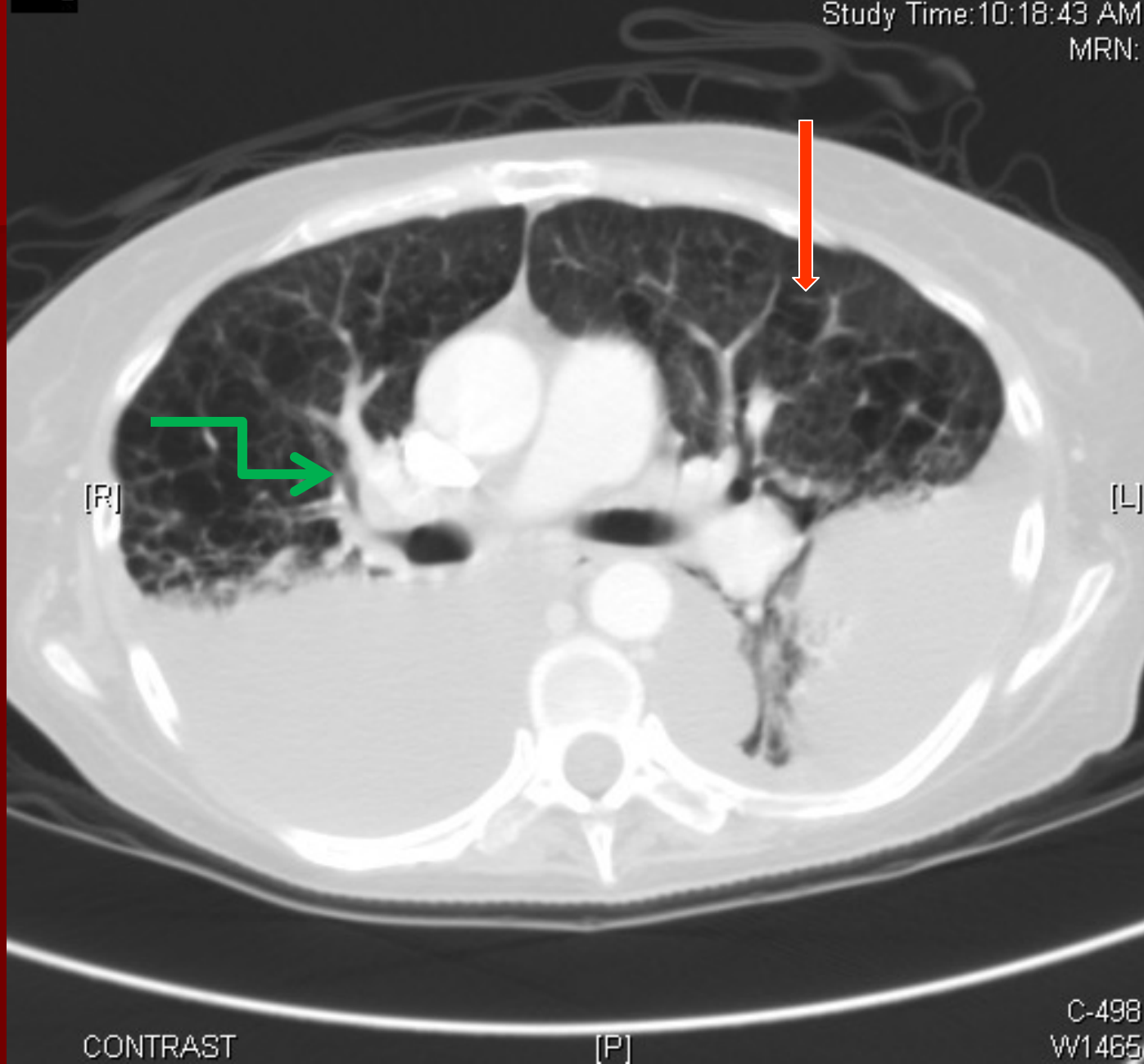




Se:3
Im:43

[A]

Study Date:4/1/2007
Study Time:10:18:43 AM
MRN:



[R]

[L]

CONTRAST

[P]

C-498
W1465

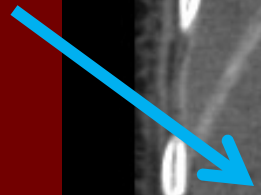
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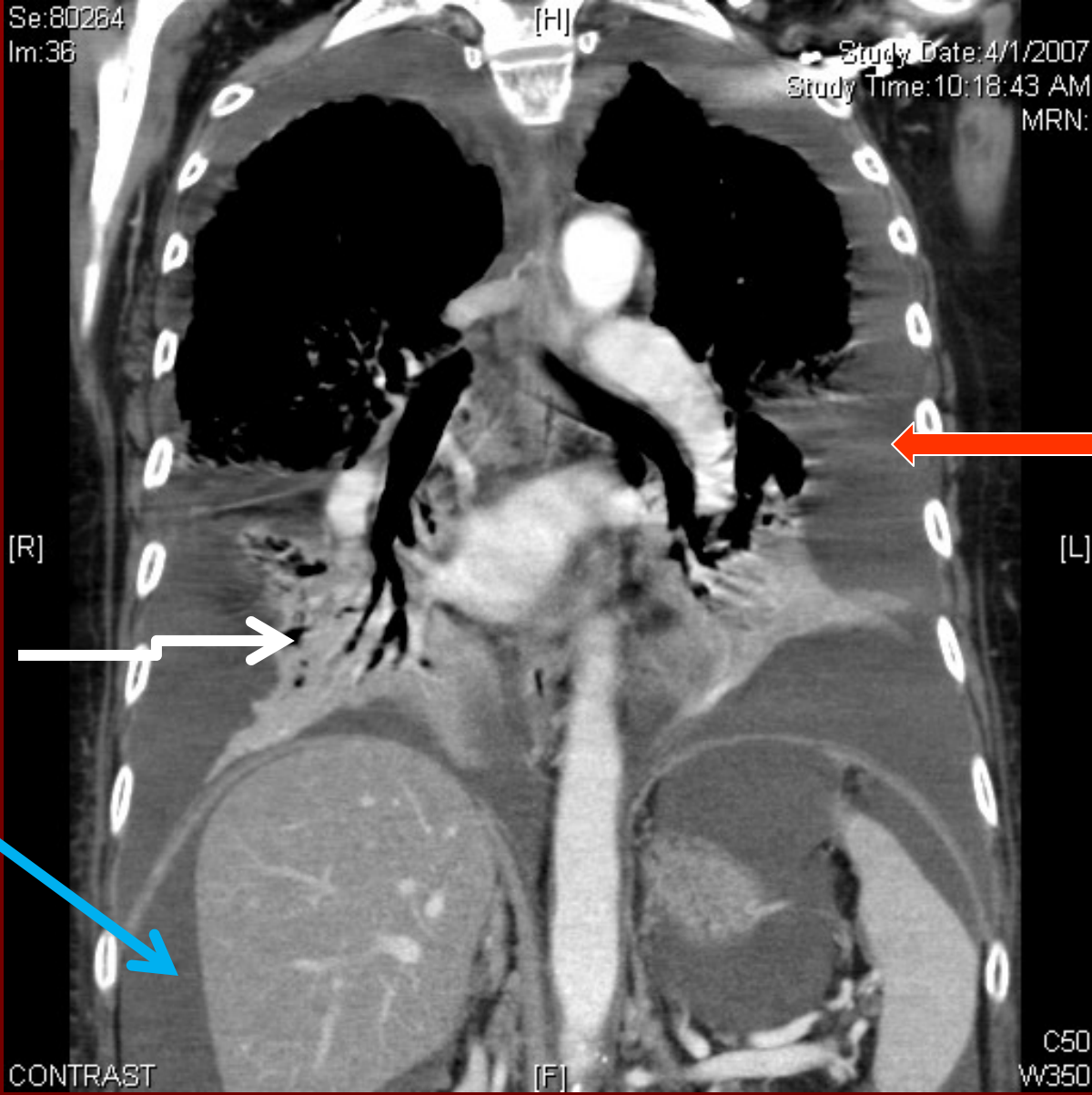
[L]



CONTRAST

[F]

C50
W350



Thoughts

- Probably 2 primary cancers (maybe 3)
 - Ovarian, lung (and thyroid)
- Severe emphysema
- Large pleural effusions
- Malignant ascites
- Cachexia

Recommendation & Plan

- No debulking

* * *

- Oncologist opted to
 - Give central venous hyperalimentation
 - Started 4/07
 - Chemotherapy - 3/07 and 4/07
 - Cisplatinium – renal and marrow ↓
 - Paclitaxel - marrow ↓

Presented to an Emergency Room

- 7 days after last chemotherapy, with:
- 4 days of crampy abdominal pain
- 4 days of nausea and vomiting
- 1 day of fever
- Systolic blood pressure of 80 mmHg
- Hemoglobin 7.0

Resuscitated by ED and → to UH

In the ED

- 6 liters saline
- 2 u of pRBCs
- Antibiotics
- Steroids
- Dopamine
- Levophed

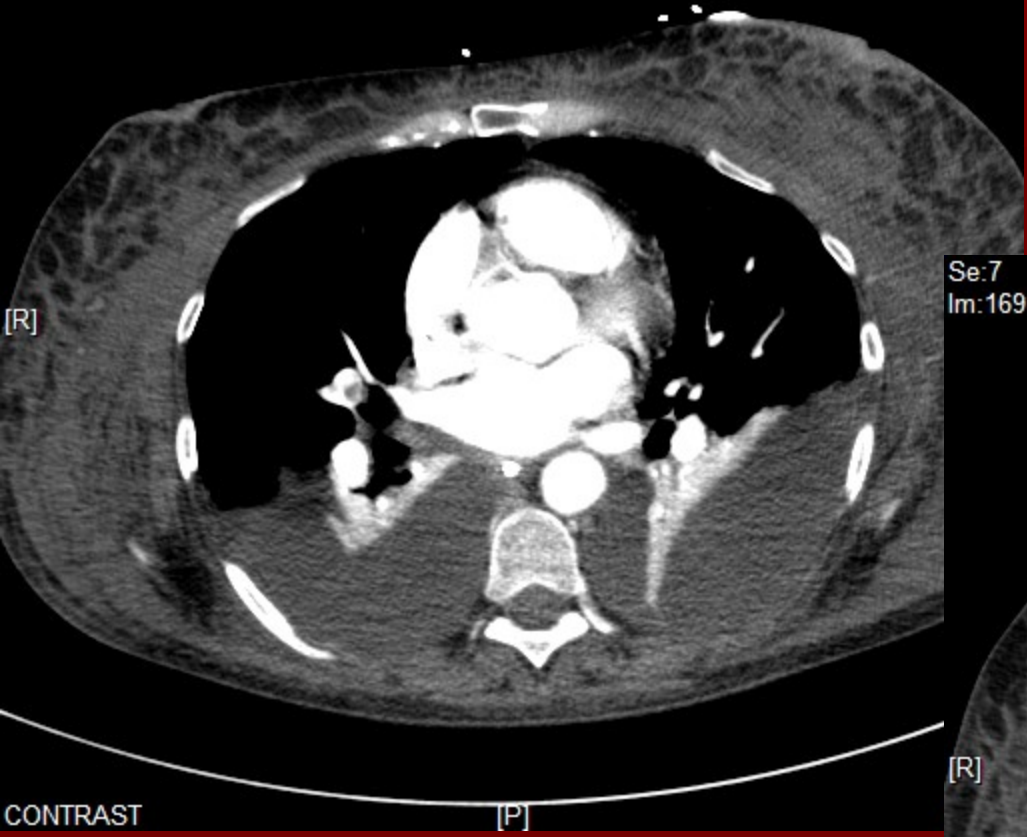
Arrived at UH

- HR 146
- BP 75/60
- Firm, tender abdomen
- Low urine output
- Hgb 8
- WBC 35,000
- Central venous sat 70%

Se:7
Im:162

[A]

Study Date:5/6/2007
Study Time:12:25:05 PM
MRN:

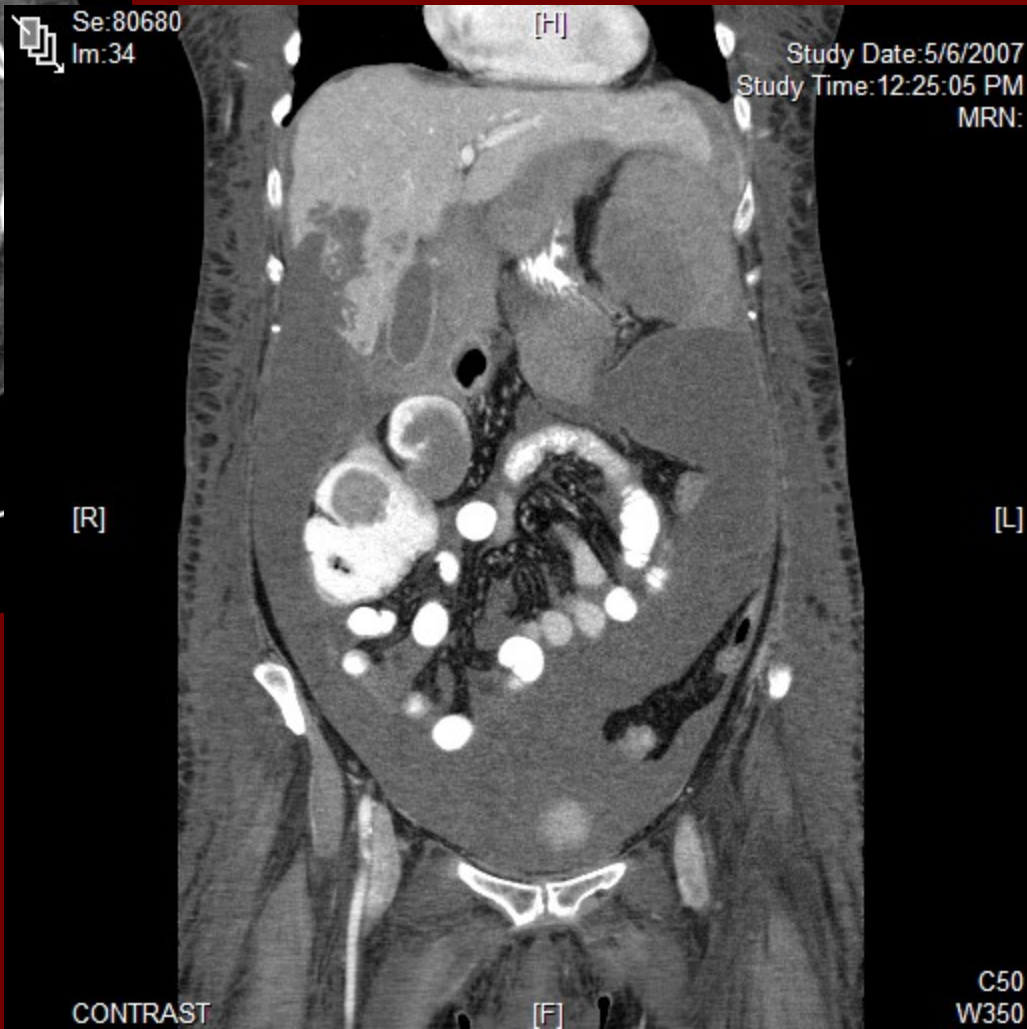
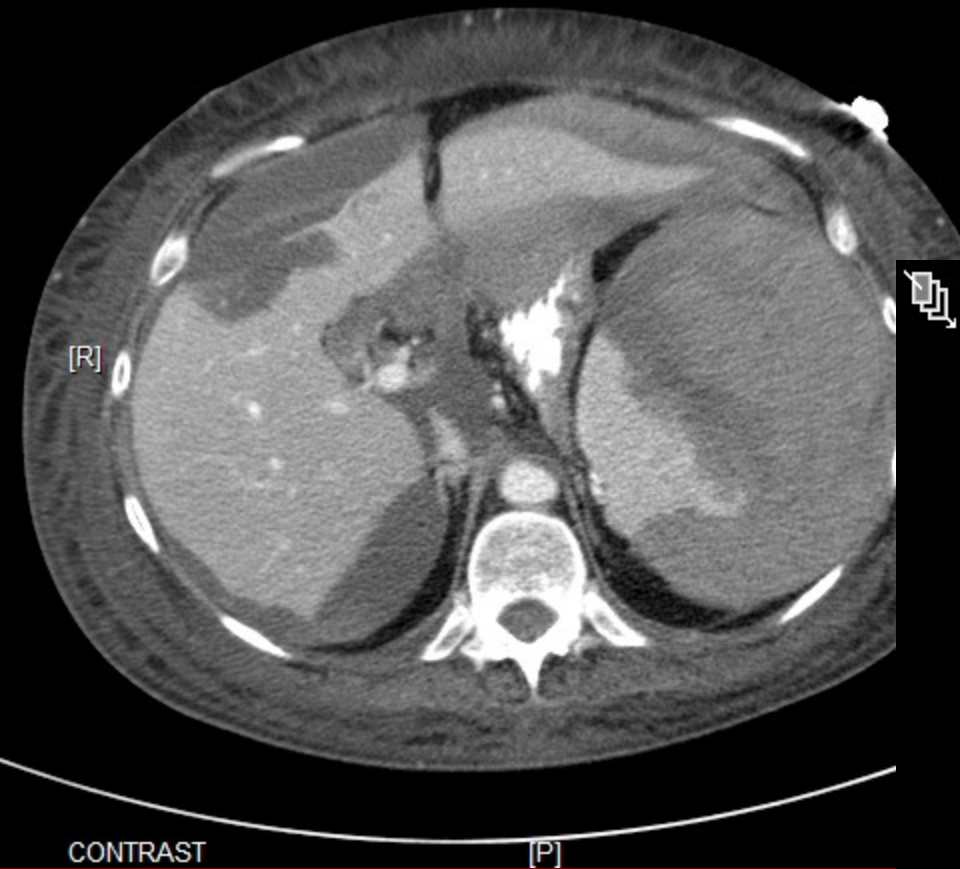


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Study Date:5/6/2007
Study Time:12:25:05 PM





Question One

- The images show **all but one** of these:
 1. Splenic hematoma
 2. Pulmonary embolism
 3. Ascites
 4. Hepatic rupture
 5. Pleural effusions

Question Two

- What one thing would you **NOT** do?
 1. Bolus with more fluids
 2. Measure bladder pressures
 3. Add dobutamine
 4. Consult surgery
 5. Consult interventional radiology