

# CARDIORESPIRATORY ARREST DUE TO ACUTE UPPER AIRWAY SOFT TISSUE SWELLING: CASE REPORT

Authors: GORŠETA BARBARA<sup>1</sup>, Dukić A<sup>1</sup>, Harak K<sup>2</sup>

1 Institute of Emergency Medicine of Primorje-Gorski Kotar County, Krk, Croatia

2 Health Centre of Zagreb County, Jastrebarsko, Croatia

E-mail: bgorseta2@gmail.com



12.-14. svibnja 2023.  
OSIJEK

## Background:

- As the outpatient emergency department we were invited by a general practitioner because of a 60-year-old male patient with alleged difficulties with breathing.
- Past medical history showed only arterial hypertension which was under treatment.
- Later on we found out that he complained of the neck swelling the night before.

## Case presentation:

- On arrival, the patient was conscious but very cyanotic, barely gasping for air. A loud stridor was heard. His neck and tongue were swollen and the tongue was outside of the oral cavity.
- The patient had already received 20 mg of chloropyramine and 65 mg of metilprednisolone
- We treated him with 0,5 mg of intramuscular adrenaline. The swelling continued to worsen so we treated him with an additional 0,5 mg of adrenaline.
- In a matter of seconds his airway was completely obstructed, he stopped breathing and lost consciousness. The pulse was not palpable and the monitor showed PEA so we started with chest compressions. We started preparing a conicotomy set.
- After nearly 2 minutes of chest compressions we heard a loud stridor. The patient slowly began to breathe and the swelling of the neck and tongue progressively decreased. He was treated intravenously with 20 mg of chloropyramine and 125 mg of metilprednisolone.
- Soon he regained consciousness and became very aggressive.
- Post-resuscitation ECG showed depression of ST segment in inferior leads and tachycardia (157 bpm) which progressed to ventricular tachycardia with pulse just a few minutes before his admission to the hospital.

## Conclusion:

- The upper airway obstruction of any etiology is a very dramatic acute life-threatening condition with a potentially fatal outcome if the patient doesn't receive adequate therapy in time.
- After emergency treatment the patient should be carefully monitored and the cause of his airway obstruction should be further investigated.



**Zavod za hitnu medicinu**  
Primorsko-goranske županije