

## Cas cliniques

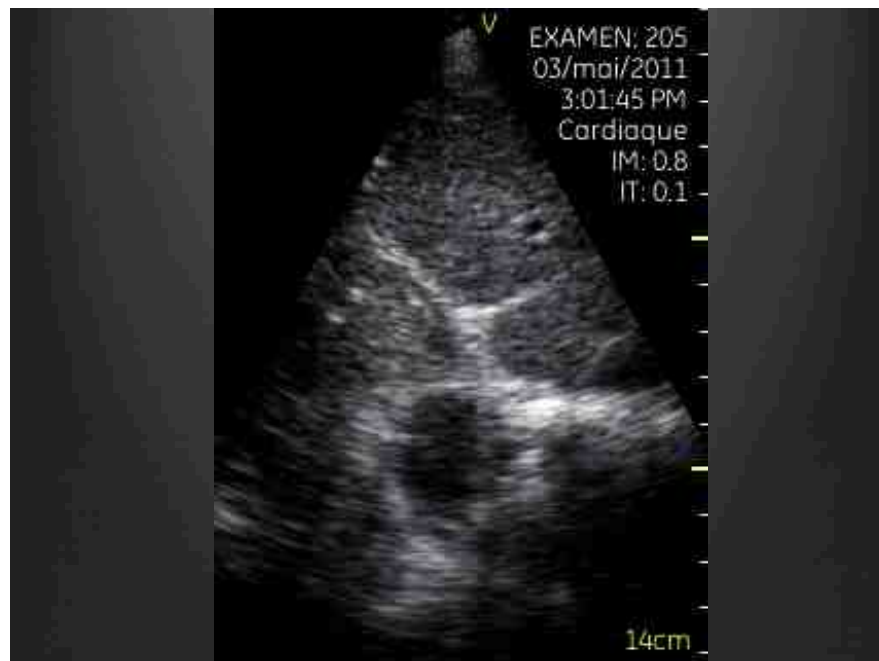
### Cas clinique SMUR

- ⊗ Un homme de 55 ans
- ⊗ ATCD: HTA et de tabagisme actif
- ⊗ Appelle le SAMU pour une douleur thoracique rétro-sternale oppressive irradiant dans la mâchoire de survenue brutale en marchant.
- ⊗ A l'arrivée du SMUR: le patient est pâle, suant, nauséux, score de Glasgow 15, sans signes focaux, non dyspnéique, l'auscultation pleuropulmonaire est normale.
- ⊗ Fc 55 bpm, TA 115/61 symétrique, SpO2 98% en air ambiant, la douleur a spontanément diminué (EVA 2/10, initialement 9/10)
- ⊗ Son ECG montre une bradycardie sinusale sans trouble de conduction ou de repolarisation.
- ⊗ Le bilan est passé au SAMU. L'hypothèse diagnostique retenue est un SCA non ST. Une admission en unité de soins intensifs de cardiologie (USIC) est organisée.

## Cas cliniques

### Cas clinique SMUR

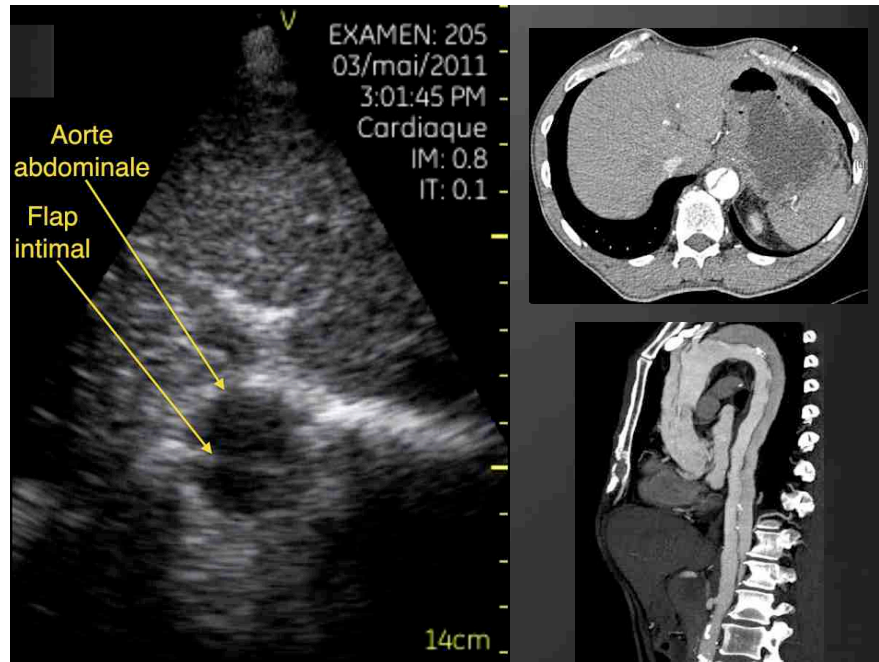
- ⊗ Le patient décrit une récurrence douloureuse:
  - ⊗ EVA 8/10 de même type juste après la mise en place de la voie veineuse par l'infirmier.
  - ⊗ L'ECG est inchangé
  - ⊗ Un test à la trinitrine est réalisé ne diminuant pas la douleur.
  - ⊗ Une échocardiographie est réalisée



## Cas cliniques

### Cas clinique SMUR

- ⊗ Annulation de l'admission en USIC
- ⊗ La mise en place de traitements anti-thrombotiques est péjorative sur le pronostic des dissections aortiques.
- ⊗ L'admission dans un centre hospitalier ne pratiquant la chirurgie requise aurait entraîné une augmentation des délais de prise en charge, également délétère sur le pronostic vital.
- ⊗ Admission en service avec chir cardiaque



## Cas clinique Urgence

- ⊗ Femme de 46 ans, pas d'ATCD
- ⊗ Tr Thoracique isolé par chute barre de fer
- ⊗ Rx Thorax (Face et profil): RAS
- ⊗ Douleur sternale



EAU 2013 – 2014

- ⊗ Cas cliniques de tous les jours
- ⊗ Cas cliniques d'applications hors recommandations
- ⊗ Littérature

Resuscitation 85 (2014) 21–30

Contents lists available at ScienceDirect


**Resuscitation**

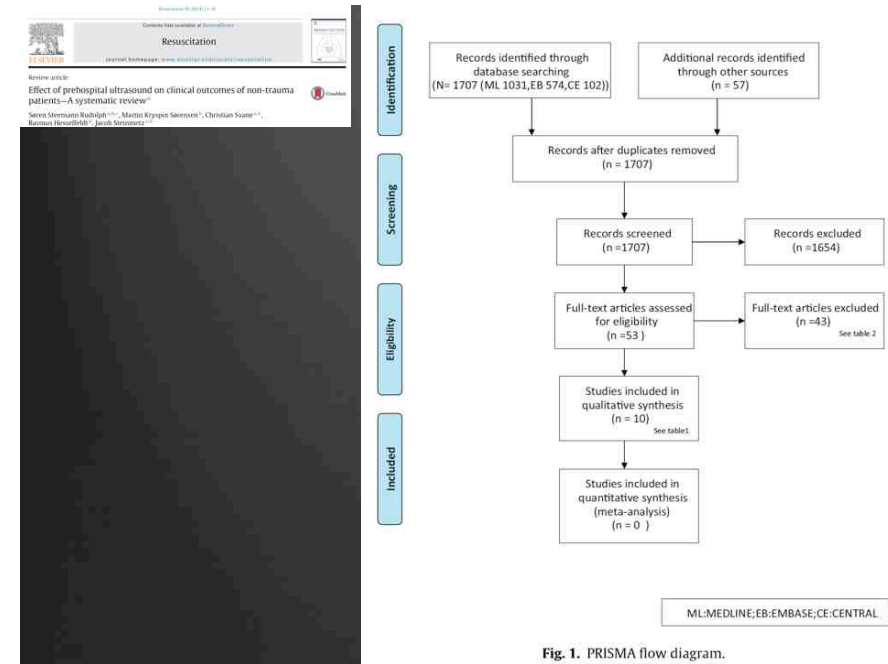
journal homepage: [www.elsevier.com/locate/resuscitation](http://www.elsevier.com/locate/resuscitation)

Review article

**Effect of prehospital ultrasound on clinical outcomes of non-trauma patients—A systematic review<sup>☆</sup>**

Søren Steemann Rudolph<sup>a,b,\*,</sup> Martin Kryspin Sørensen<sup>b,</sup> Christian Svane<sup>a,b,</sup> Rasmus Hesselfeldt<sup>b,</sup> Jacob Steinmetz<sup>a,b</sup>





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**Effect of prehospital ultrasound on clinical outcomes of non-trauma patients—A systematic review<sup>☆</sup>**

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## 7. Conclusions

Based on the current literature on prehospital care US it is not possible to assess whether prehospital US improves outcomes of non-trauma patients, due to a large heterogeneity and high risk of bias. In spite of this current publications consistently suggest US as a helpful tool in prehospital decision-making. Further studies are warranted in order to determine the clinical impact of prehospital US.

## Right Ventricular Dilatation on Bedside Echocardiography Performed by Emergency Physicians Aids in the Diagnosis of Pulmonary Embolism

Scott Dresden, MD; Patricia Mitchell, RN; Layla Rahimi, BA; Megan Leo, MD, RDMS; Julia Rubin-Smith, MPH; Salma Bibi, MPH; Laura White, PhD; Breanne Langlois, MPH; Alison Sullivan, MD; Kristin Carmody, MD, RDMS



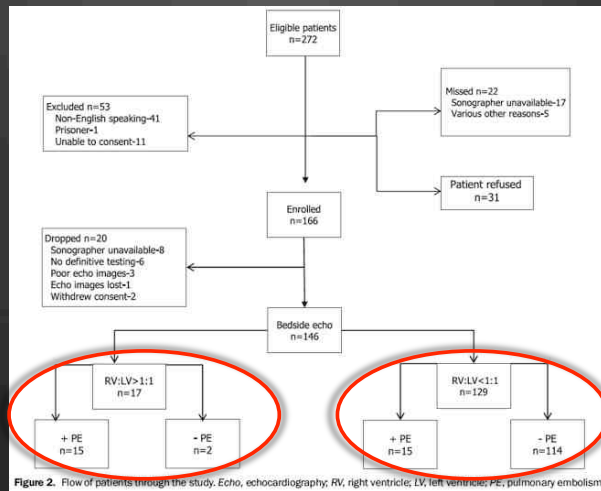


Figure 2. Flow of patients through the study. Echo, echocardiography; RV, right ventricle; LV, left ventricle; PE, pulmonary embolism.

Dresden et al Ann Emerg Med 2014

146 patients inclus – 40 EP: 27%

Dilatation majeure VD

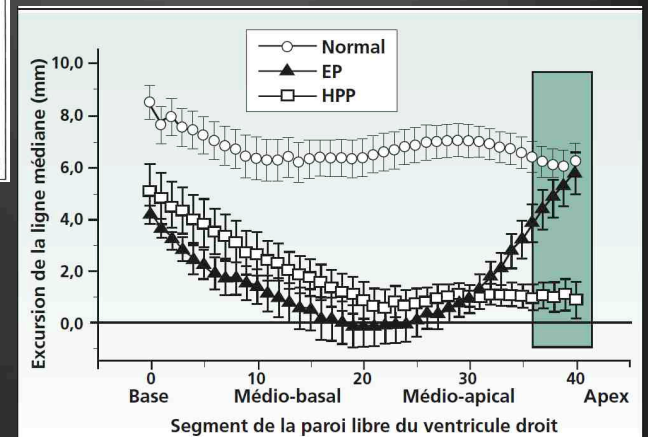
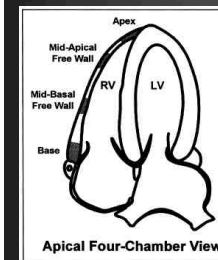
- Se 50% (95% CI 32% to 68%)
- Sp 98% (95% CI 95% to 100%)
- RV+ 29 (95% CI 6.1%to 64%)
- RV- 0.51 (95% CI 0.4% to 0.7%)

Dresden et al Ann Emerg Med 2014

Table 2. Bedside echocardiography and imaging results in study patients.

Echocardiography Findings	+ PE	-PE	Total
RV:LV >1:1	15	2	17
RV:LV <1:1	15	114	129
<b>Total</b>	<b>30</b>	<b>116</b>	<b>146</b>
RV hypokinesis	10	1	11
McConnell's sign	6	0	6
Paradoxical septal motion	8	0	8

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**Table 3.** Most proximal clot location and presence or absence of right ventricular dilatation.

Most Proximal Clot Location	RV:LV >1:1	RV:LV <1:1	Total
Saddle	4	0	4
Mainstem	3	1	4
Lobar	6	3	9
Segmental	2	10	12
Subsegmental	0	0	0
Unknown	0	1	1
<b>Totals</b>	<b>15</b>	<b>15</b>	<b>30</b>

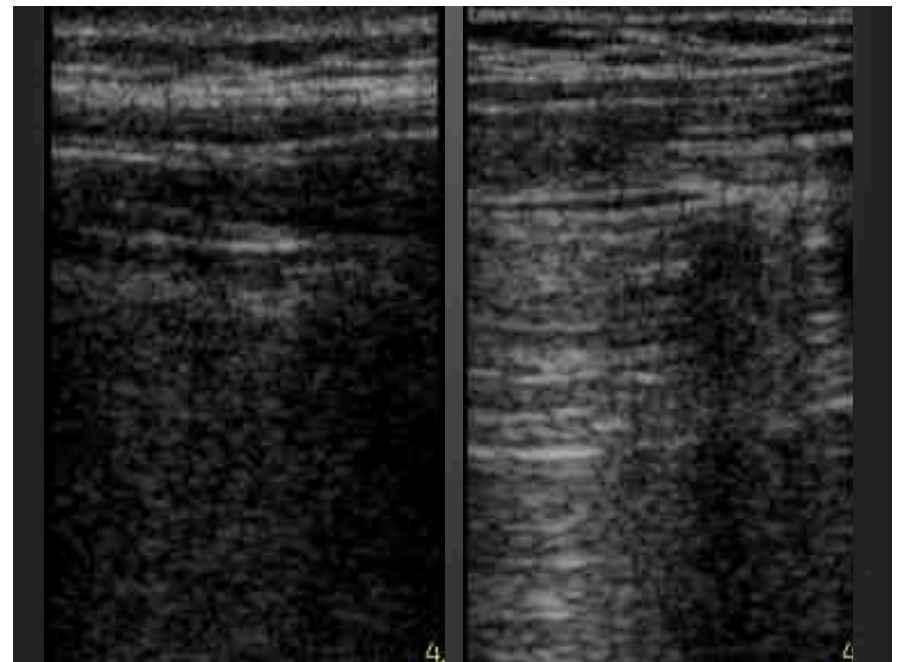
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Giovanni Volpicelli  
Mahmoud Elbarbary  
Michael Blaiwas  
Daniel A. Lichtenstein  
Gebhard Mathis  
Andrew W. Kirkpatrick  
Lawrence Melniker  
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Belaid Bouhemad  
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Eustachio Agricola  
Jean-Jacques Rouby  
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Fernando Silva  
Richard Hoppmann  
Raoul Breikreutz  
Armin Seibel  
Luca Neri  
Enrico Storti  
Tomislav Petrovic  
International Liaison Committee on Lung Ultrasound  
(ILC-LUS) for the International  
Consensus Conference on Lung Ultrasound (ICC-LUS)

### International evidence-based recommendations for point-of-care lung ultrasound

## Pneumothorax

Glissement  
Pleural?



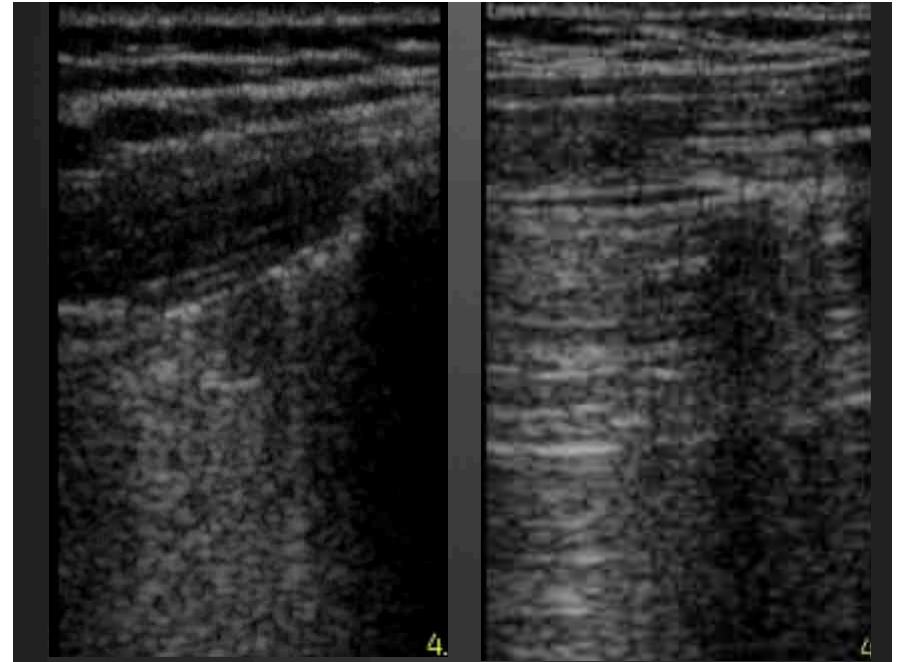


# Pneumothorax

Glissement Pleural? → NON → Lignes B?

OUI

PAS DE PNEUMOTHORAX



# Pneumothorax

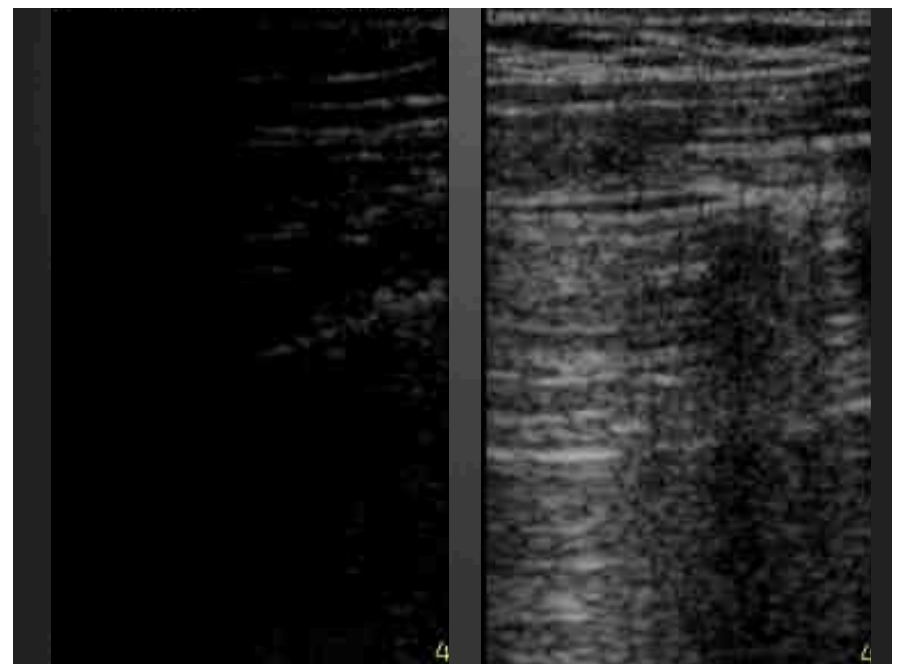
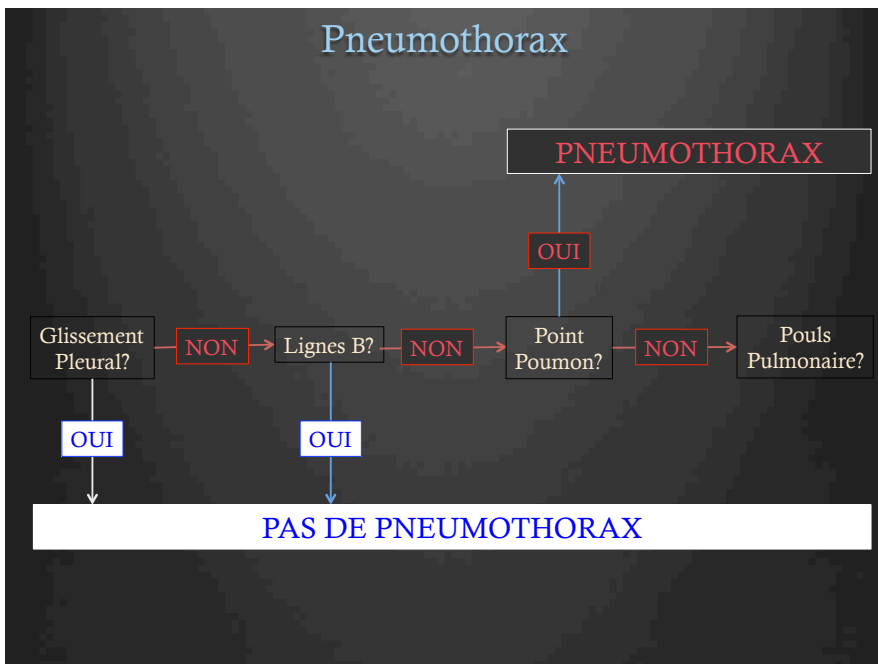
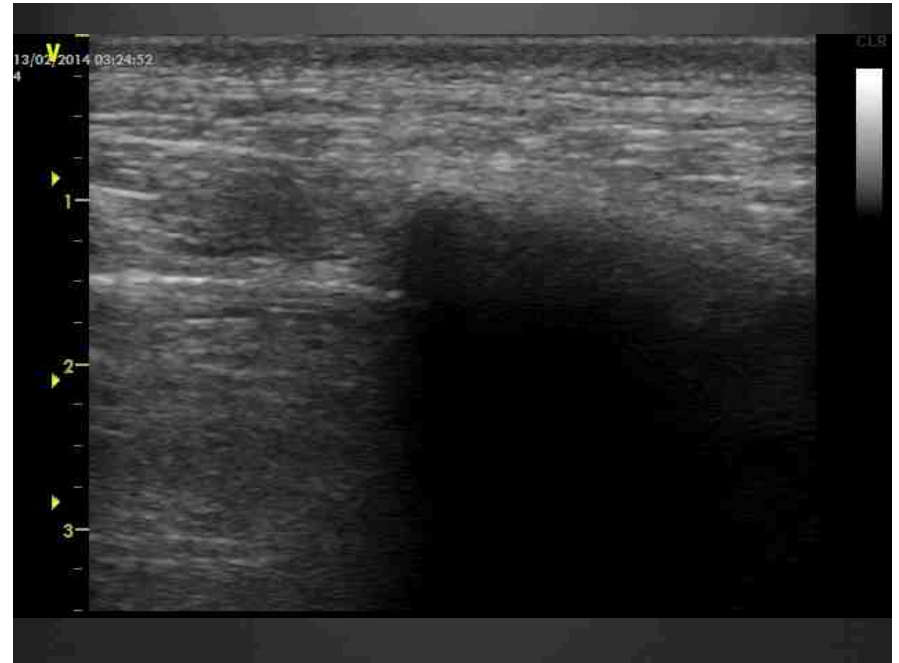
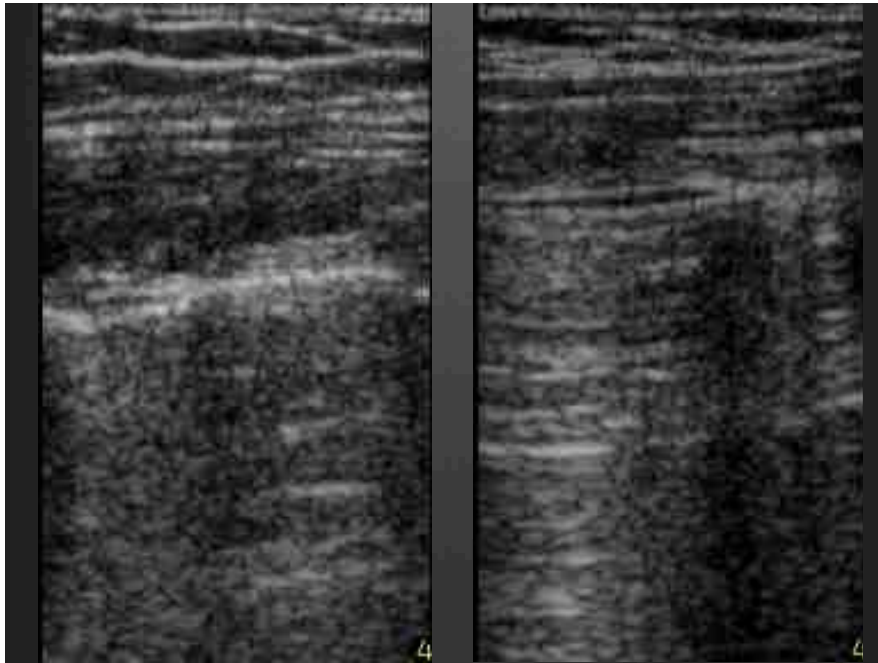
Glissement Pleural? → NON → Lignes B? → NON → Point Poumon?

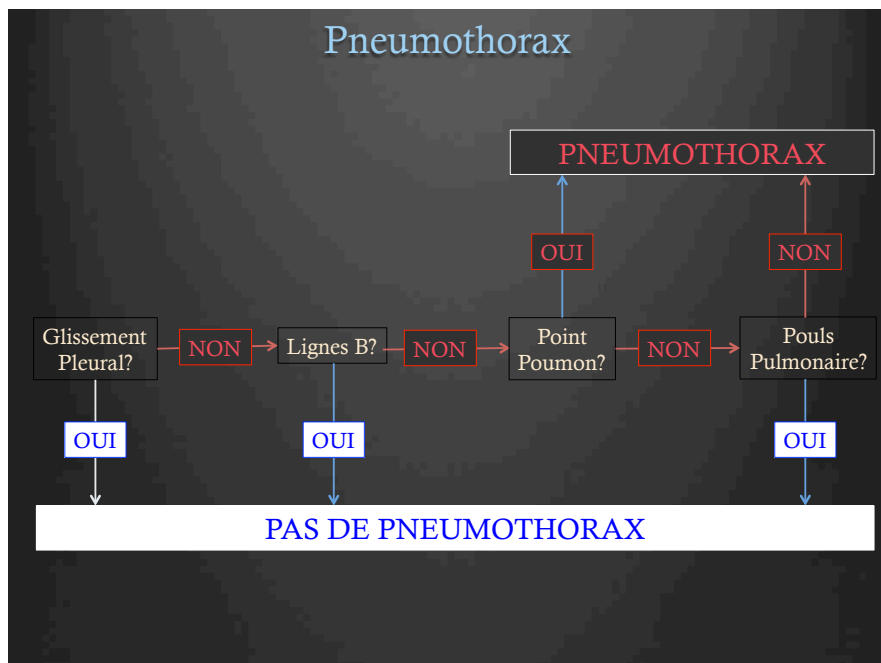
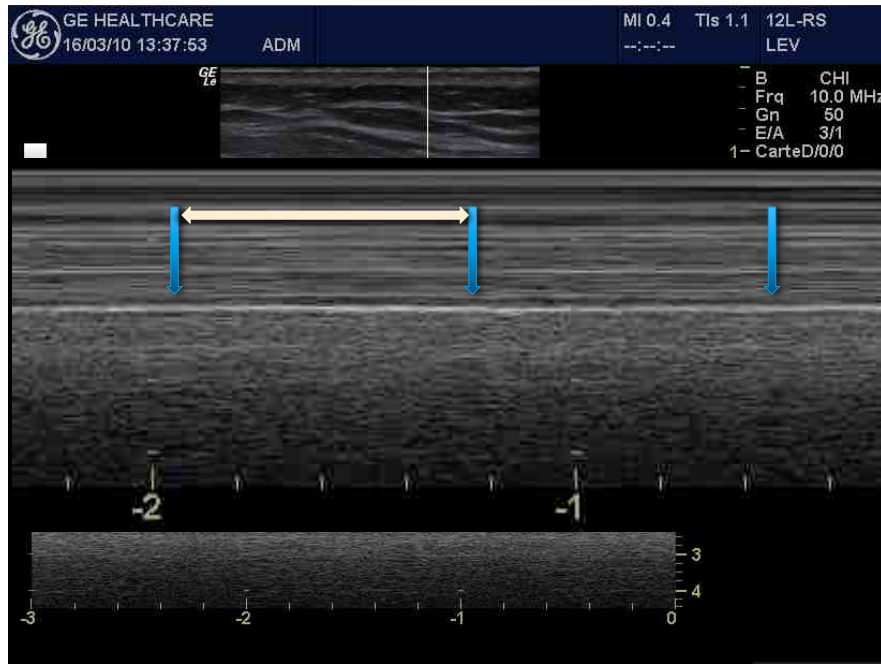
OUI

OUI

PAS DE PNEUMOTHORAX







**CHEST JOURNAL**  
Official Publication of the American College of Chest Physicians

## Integrated Use of Bedside Lung Ultrasound and Echocardiography in Acute Respiratory Failure

### A Prospective Observational Study in ICU

*Benoit Bataille, MD; Beatrice Riu, MD; Fabrice Ferre, MD; Pierre Etienne Moussot, MD; Arnaud Mari, MD; Elodie Brunel, MD; Jean Ruiz, MD; Michel Mora, MD; Olivier Fourcade, MD, PhD; Michele Genestal, MD; and Stein Silva, MD, PhD*

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