

Introduction:

This is a case of pulmonary fat embolism induced cardiorespiratory failure requiring venoarterial ECMO complicated by intractable, progressive methemoglobinemia of unknown etiology.

Case description:

62 y/o male presenting to Vernon Hospital with respiratory distress and leg pain. Diagnosed with NSTEMI and spontaneous, pathologic distal femur fracture (history of fall 4 days prior). Transferred to KGH for cardiac management and found to have evidence of pulmonary fat embolism. Becoming hemodynamically unstable he was intubated and inotropic medications started for support. His condition continued to deteriorate with acute, profound lactic acidosis developing and VA ECMO was initiated. This course of ECMO was complicated by a rapid, refractory rise in methemoglobin levels to which he ultimately succumbed.