

# Is Postop Lethargy Cause for Concern?

**A** 65-year-old man is transported to your emergency department from a local rehabilitation hospital. He is three weeks status post cardiac bypass surgery as well as “some other valve procedure.” In the past two to three days, staff members report, the patient has been less active and has not participated in therapy. This morning, he was found to be lethargic, which prompted the call to 911.

Examination reveals a lethargic male who has little verbal communication beyond moaning and groaning. His vital signs include a temperature of 36°C; blood pressure, 90/40 mm Hg; and heart rate, 135 beats/min. His O<sub>2</sub> saturation is 90% on room air.

Inspection of the patient’s chest reveals a recent, healing midline sternotomy incision. There is no overt redness or swelling. On auscultation, you note decreased breath sounds on the left side, with some coarse crackles.



As you initiate your facility’s sepsis protocol order set, a stat portable chest radiograph is obtained. What is your impression?

*see answer on page 27 >>*



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### ANSWER

The radiograph shows a large cavitory lesion within the left mid-lung with evidence of an air fluid level. This finding is strongly suggestive of a postoperative abscess or empyema. Secondly, there is some pleural thickening within the left lateral apex region. This can be suggestive of scarring or possibly a neoplasm.

The patient was admitted to the ICU for a sepsis workup, and Interventional Radiology was consulted to evaluate for CT-guided drain placement. **CR**

