A fortuitous patent foramen ovale

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A 78 years-old patient was admitted to intensive care unit for moderate head trauma with subdural hematoma, midline deviation and signs of subfalcine herniation. He underwent a right decompressive craniotomy. The following days he presented a persistent altered neurological status and a moderate hypoxemia without parenchymal alteration in thoracic CT. A transcranial doppler (TCD) was realized and did not reveal signs of intracranial hypertension. However, in the context of hypoxemia, the diagnosis of patent foramen ovale (PFO) was made by the striking sound of the bubbles on pulsed wave doppler (cf. video, https://cardiovascmed.ch/online-only-content), confirmed by transesophageal echocardiography. The brain CT did not show a stroke and the unfavourable evolution did not allow to perform a brain MRI.

Approximately 25% of the population have a PFO. TCD remains a reliable and non-invasive way to detect a PFO when echocardiography windows are not available, and might be more sensitive than transthoracic echocardiography, especially in sedated patient.

Patient was discharged from ICU at day 17.