

## Conflict of Interests

The authors declare that they have no conflict of interests.

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## Cardiogenic Shock and Pulmonary Embolism\*

### Shock cardiogénico y embolia de pulmón

To the Editor,

We read with interest the national consensus document for the diagnosis, risk stratification and treatment of patients with pulmonary thromboembolism (PTE).<sup>1</sup> The prognostic stratification of PTE patients is based on their hemodynamic status, and patients with hypotension (sustained systolic blood pressure less than 90 mmHg) or cardiogenic shock are considered high risk. The recommended treatment for cardiogenic shock is the administration of fibrinolytics.

The term “shock” describes a clinical situation with circulatory failure causing hypoperfusion and hypoxia.<sup>2</sup> We are indebted to Dr Max Harry Weil<sup>3</sup> for his major contribution to the understanding of the physiopathology of shock and his proposed classification of stages of shock, published in the early 1970s.<sup>4</sup> There are 4 potential, non-exclusive, forms of shock: hypovolemic, cardiogenic, obstructive and distributive (mainly associated with sepsis and anaphylaxis). Cardiogenic shock occurs as a consequence of heart failure associated with diminished cardiac output. It can be caused by acute myocardial infarction, end-stage myocardial or valve disease, myocarditis or arrhythmias.<sup>5</sup> Obstructive shock is less common and comprises different entities: pulmonary embolism, cardiac tamponade, aortic dissection and tension pneumothorax. The basic mechanism is increased afterload.<sup>3</sup> Our understanding is that the correct denomination would be obstructive shock, or simply shock.

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Nevertheless, the clinical presentation of pulmonary embolism can be similar to that of cardiogenic shock, and some authors consider the first as a form of the second. Indeed, there is no agreement on the denomination in the 2 referenced guidelines on the treatment of thromboembolic disease<sup>1</sup> from the American College of Chest Physicians and the National Institute for Health and Clinical Excellence. The former only refers to the term “shock”, while the latter calls it cardiogenic shock. Irrespective of how this entity is called, there is no doubt that the new consensus document is of invaluable help in patient management.

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## Atypical Deep Venous Thrombosis as the First Manifestation of Pulmonary Neoplasm\*

### Trombosis venosa inusual como primera manifestación de neoplasia pulmonar

To the Editor,

Hypercoagulable states in cancer are well known to be closely associated with thromboembolic phenomena. After a thromboem-

bolic event, the incidence of malignant tumors, mainly of the blood, pancreas, ovary, liver, kidney and lung, ranges between 2% and 25%. The most common sites are venous thrombosis of the lower limbs and pulmonary thromboembolism, and reports of cases in other venous territories are unusual.

We report a 68-year-old man, smoker of more than 40 pack-years, who was seen in the ophthalmology clinic for a 20-day history of loss of sight in the right eye. Examination of the eye revealed bilateral venous thrombosis of the retina. Additional examinations were performed to rule out secondary systemic disease. Clinical laboratory, coagulation, serological and autoimmune examinations and computed tomography (CT) of the brain were performed; all results were negative. A chest X-ray was performed, revealing a nodule in the left upper lobe (LUL). Chest CT confirmed a

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