



Fat Embolism Syndrome after Stem-Cell Therapy Injection

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Clinical Image

A 69-year-old woman with history of pulmonary embolism underwent subchondral stem-cell injection for knee osteonecrosis. General anesthesia was unremarkable apart from a bronchospasm at the end of the procedure, followed by wake-up delay and respiratory distress. She developed intermediate blown pupils, rigidity, confusion, and mutism in post-anesthesia care unit.

Cerebral MRI showed hyperintense signals with low ADC of the frontoparietal gyrus (Figure 1A). The SWI-sequence showed ubiquitously-distributed petechiae, especially in the corpus callosum splenium (Figure 1B, 1C). T2 FLAIR-weighted sequence showed high signals with a posterior predominance in the occipital lobes (Figure 1D).

A fat embolism syndrome associated with a posterior reversible encephalopathy syndrome was suggested. Transthoracic echocardiography revealed a Patent Foramen Ovale (PFO) widened by pulmonary hypertension secondary to her first pulmonary embolism.

The final diagnosis was paradoxical fat embolism syndrome after subchondral femoral injection of bone marrow stem-cells, complicated with cerebral embolism through a PFO.

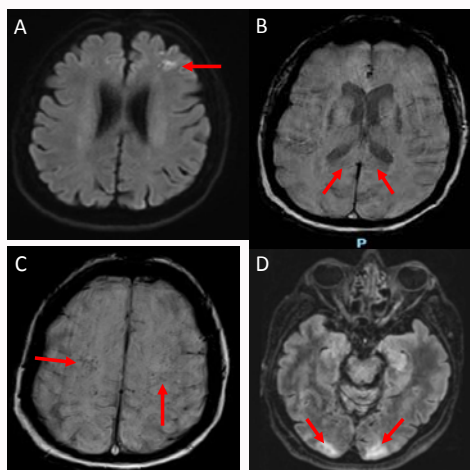


Figure 1: Cerebral MRI scanning.

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