

Massive Bilateral Pulmonary Embolism Following Conservative Management of Achilles Tendon Rupture: A Case Report

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Abstract

Background: Achilles tendon rupture (ATR) is a common injury among physically active individuals and is often managed conservatively with immobilisation, such as functional bracing or casting. Although effective, such management significantly increases the risk of venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE).

Case Presentation: We present the case of a 37-year-old male chauffeur who sustained a right Achilles tendon rupture while swimming in Spain. He was initially managed conservatively with a below-knee back slab and a 10-day course of enoxaparin. Despite being advised on partial weight-bearing, the patient remained largely immobile. Three weeks later, he developed acute right thigh swelling, syncope, and hemodynamic instability. A CT pulmonary angiogram revealed massive bilateral pulmonary emboli with a right upper lobe infarct. Emergency thrombolysis was performed, leading to clinical stabilisation. He was discharged on rivaroxaban, and subsequent imaging confirmed complete resolution of the thrombus.

Conclusion: This case highlights the critical importance of adequate and sustained thromboprophylaxis in patients with lower-limb immobilisation following Achilles tendon rupture, even when partial weight-bearing is advised. Patient non-compliance with mobilisation can significantly increase VTE risk, underscoring the need for individualised prophylaxis and close follow-up during conservative management.

Keywords

Achilles tendon rupture, pulmonary embolism, thromboprophylaxis, conservative management, case report.