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collapsed, and is quickly ventilated and reperfused.[5] REPE commonly presents 1-2 hours after thoracentesis, but can also present 24-48 hours later.[3]

Risk factors for developing REPE include: presence of pneumothorax in conjunction with a pleural effusion, younger than 40 years-old, large pleural effusions that have been rapidly relieved (more than 1 liter of fluid at one time), and presence of pneumothorax or pleural effusion for more than 3 days.[1]

Presentation of REPE includes, but is not limited to: a new cough lasting more than 20 minutes, dyspnea, tachypnea, hypoxia, tachycardia, chest pain, and hemodynamic instability.[4]

The case described here is unique in that REPE was first noted after induction of general anesthesia and the initiation of positive pressure ventilation in the endoscopy suite.

PATIENT INFORMATION

42 year-old, 70 kg male with longstanding history of EtOH-related pancreatitis and withdrawal, and liver disease with ascites requiring drainage. All frequently complicated by recurrent pneumonia and *C-diff*. infections.

This patient presented to the emergency department with complaints of ongoing abdominal pain and nausea/vomiting. Chest X-ray in the emergency department was notable for a large left pleural effusion, a small right pleural effusion, and associated atelectasis. The patient was admitted for necrotizing pancreatitis and underwent an uneventful left thoracentesis the following day (400 cc drained).There was no safe pocket available to drain the right sided effusion for 8 days. Once the right-sided thoracentesis was completed and a chest tube was placed, 1.6 L of fluid was drained from the chest tube in 24 hours.

This patient presented for endoscopic NJ tube replacement 48 hours after chest

- induction with Lidocaine, Propofol, Fentanyl, and Rocuronium.
- Difficult seal with mask ventilation due to beard.
- 2 DL attempts – grade 2 view, and successful tube placement with Eschmann stylet.

- All appropriate checks were made and ruled out – pulse oximeter malfunction, and tube migration.
- A fiberoptic scope was put down the tube and noted severe bronchiole edema.
- Equal and bilateral breath sounds were noted with rales upon auscultation.

saturations and low saturations – results noted below.

- TEE with a bubble test was performed by cardiac anesthesia with no notable findings.
- Norepinephrine infusion started with intermittent boluses of Phenylephrine and Epinephrine

- Patient was brought to ICU intubated and on vasopressors.
- Extubated and placed on high flow nasal cannula 48 hours later.

SERIAL ABG VALUES

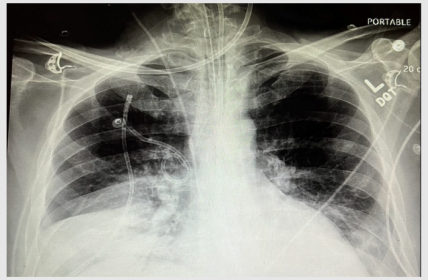
PARAMETER	06/08/2022 10:43 AM	06/08/2022 10:53 AM	06/08/2022 11:49 AM
pH	7.39	7.33	7.38
PCO_2	58	71	59
PO_2	57	33	73
O_2	87	53	94

Table 1: Serial ABG values drawn throughout the case after hypoxia ensued. There

embolism showering, and atelectasis. This what due to the rapid and large changes in pulse oximeter values, and the patient requiring two DL attempts, respectively.

ABG results are consistent with similar findings in patients diagnosed with REPE – acidosis, low PaO_2, and high $PaCO_2$.[7]

Post-procedure chest X-ray noted pulmonary infiltrates, as seen below.



CONCLUSION

There are few cases noted of REPE after chest tube insertion. There are even fewer cases reported of REPE being induced by positive pressure ventilation after the induction of general anesthesia.[2] While anesthesia personnel are well versed in detecting pulmonary emboli, this is not the case with REPE. Therefore, the purpose of this poster was to educate anesthesia providers on the signs/symptoms, recognition, and treatment of REPE.

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HOPKINS AWARD

- In honor of Caleb Hopkins who was one of the founders of the student poster presentations.

- Caleb was the epitome of an exemplary Certified Anesthesiologist Assistant and personified passion for education, advancing our profession, research, and mission work.

- Caleb's vision and ideas provided the guidance and foundation for the success of the student poster presentations to grow into the Poster Presentation Committee that we have today.

- **"To live a life with such noticeable purpose that others continue to work to achieve it after you are gone is so impressive."**
- **#newlifegoal**

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Type of Submissions	2025	2026	% Change
Live Poster Presentation	**31**	**36**	+ 16
Denied Submissions	**0**	**0**	0
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Viewing Only Posters	**32**	**28**	- 12.5
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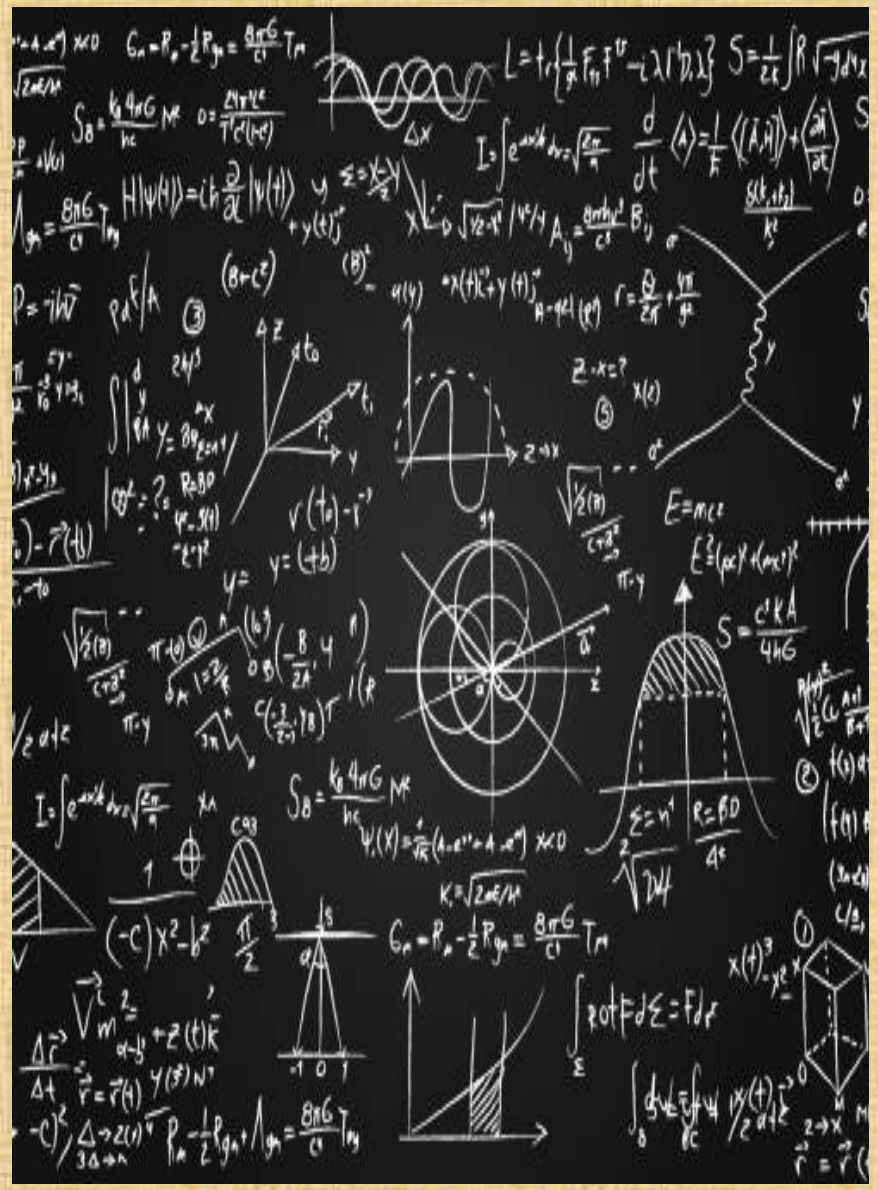
What Could Be in 2026…Based on 27 CAA Programs			
Live Poster Submissions (3/program)	75	81	+ 125
Viewing Only Posters (5/program)	125	135	+ 382



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TOP 6 FINALISTS

HOPKINS AWARD

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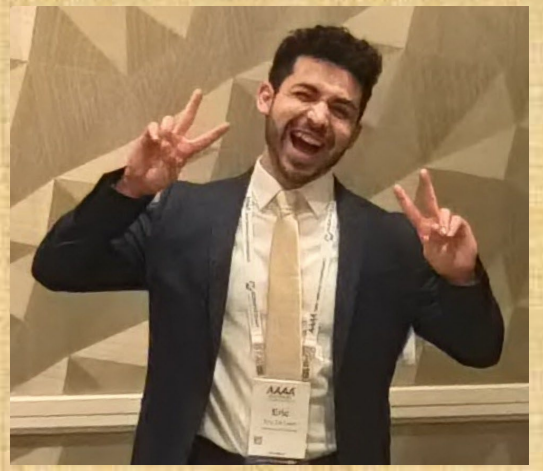

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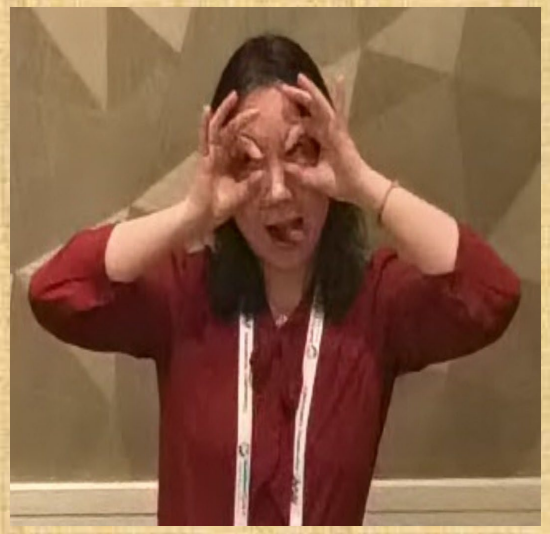

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