**ACUTE SEVERE PULMONARY HYPERTENSION CAUSING RIGHT HEART FAILURE FROM PULVERIZED OXYCODONE INTRAVENOUS INJECTION**

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Pulmonary foreign body granulomatosis is a very rare cause of pulmonary hypertension. We discuss an interesting case of intravenously injected crushed oxycodone particles causing pulmonary microvasculature embolism eventually leading to severe pulmonary hypertension, right heart failure and death. 57 year old lady with history of COPD, tricuspid and mitral valve endocarditis with recent methicillin sensitive staphylococcus aureus and Ventricular septal defect(VSD) patch closure prior to admission and pacemaker implantation presented with palpitations and shortness of breath. She was found to have new atrial flutter for which she underwent ablation on day 2. On day 5, she became hypotensive (80/50 mmhg) with lactate 7mmol/l. She was found to have right heart failure with severely reduced right ventricle(RV) systolic function on ECHO for which dobutamine and lasix drip were started. CT scan of chest was negative for pulmonary embolism but showed possible wedge shaped infarcts. On day 6, her blood culture report showed growth with Streptococcus viridans and Staphylococcus epidermidis. Right heart catheterization showed PA pressure 80/30 (50) mmHg, pulmonary capillary wedge pressure 11mmHg, and Trans pulmonary pressure gradient 39. The etiology of pulmonary hypertension (PH) was presumed to be mixed World Health Organization (WHO) group 3 (COPD), WHO group 2 (prior mitral valve disease), and WHO group 1 (prior VSD) PH. On day 18, two syringes with mixed particulate matter were found in her purse. On day 19, she had ventricular fibrillation and expired despite resuscitation. Autopsy revealed pulmonary angiothrombotic foreign body granulomatosis.

Insoluble binding agents present in oral oxycodone such as cellulose, crospovidone and talc (hydrated magnesium silicate) when injected intravenously become irreversibly trapped in the lungs causing microembolism and angiocentric foreign body granulomatous inflammation. This vascular granulomatous inflammation leads to many pulmonary complications including pulmonary hypertension. The pulmonary vascular damage is irreversible with poor pulmonary prognosis. Lung transplantation is the only definitive therapy for the disorder.