A 31-year-old female presented with acute onset shortness of breath and chest pain. She had a past medical history of cocaine abuse and agreed that she used cocaine 2 days prior to presentation. On admission, her vitals included Blood Pressure of 160/70, Heart Rate—110, Respiratory Rate—36 with oxygen saturation of 78%. Chest X-ray showed some interstitial opacities. CT scan of the chest was performed, which revealed diffuse ground glass opacity consistent with cocaine-induced lung injury—crack lung (Figure 1A) as well as cocaine-induced in situ thrombosis (Figure 1B). She was treated with anticoagulation and supportive measures including oxygen. She was finally discharged home on Coumadin as well as continues home oxygen. Crack lung occurs due to diffuse alveolar damage and alveolar hemorrhage that occurs 48 h after smoking cocaine. The management is supportive with maintaining oxygenation with O₂ supplementation. Cocaine-induced pulmonary embolism although rare has been reported previously. Underlying mechanism is believed to be stasis in pulmonary circulation leading to in situ thrombosis.

Photographs and text from: R. Shah, SUNY Upstate Medical University, 50 Presidential Plaza, Syracuse, NY 13202, USA; A. Patel, SUNY Upstate Medical University, 153 Summerheaven drive, East Syracuse, NY 13057, USA; O. Mousa and D. Manocha, SUNY Upstate Medical University, 750 E Adams Street, Syracuse, NY 13210, USA. email: rushishah.17@gmail.com

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