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خلاصه مقاله:

BACKGROUND: We evaluated to see if the algorithmic approach of pulmonary embolism (PE) [Wells' score, followed by D-dimer test and computed tomography pulmonary angiography (CTPA)] is appropriately followed in teaching hospitals of Shiraz, Iran.METHODS: From October ۲۰۱۲ to October ۲۰۱۳, we prospectively calculated Wells' score for all patients who underwent CTPA with clinical suspicion to PE; patients with low probability who had not checked the D-dimer or had low level of D-dimer were considered as non-adherent to the guideline and those with high level of D-dimer or high probability of Wells' score were labeled as adherent to the PE guideline. CTPA scans were independently reported by two radiologists.RESULTS: During study period, ۳۶۴ patients underwent CTPA to rule out PE, of which ۱۲۵ (۳۴.۳%) had Wells' score > ۴ (high probable risk) and ۲۳۹ had Wells' score ≤ ۴. Amongst low probable risk patients (Wells' score ≤ ۴), only ۳۲ patients had undergone the D-dimer test (۲۳ patients had high level of D-dimer). Based on the algorithmic approach, patients with suspected PE, patients with high probability (۱۲۵ patients), and patients with low probability with elevated D-dimer level (۲۳ patients) were considered as adherent to the PE guideline; consequently, the total adherence to PE guideline was ۱۴۸ out of ۳۶۴ (۴۰.۶%).CONCLUSION: We followed the algorithmic approach guideline in about ۴۰.۰% of cases; however, we should pay more attention to the algorithmic approach in patients with suspected PE.