

# Diagnostic strategy can rule out PE in pregnant women

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(HealthDay)—A diagnostic strategy based on pretest clinical probability

assessment, high-sensitivity D-dimer testing, bilateral lower-limb compression ultrasonography (CUS), and computed tomography pulmonary angiography (CTPA) can safely rule out pulmonary embolism (PE) in pregnant women, according to a study published online Oct. 23 in the *Annals of Internal Medicine*.

Marc Righini, M.D., from Geneva University Hospitals, and colleagues conducted a prospective diagnostic management outcome study involving pretest clinical [probability](#) assessment, high-sensitivity D-dimer testing, bilateral lower-limb CUS, and CTPA. A total of 441 pregnant [women](#) with clinically suspected PE from 11 centers in France and Switzerland were assessed for eligibility, and 395 were included in the study.

The researchers found that PE was diagnosed in 28 women (7.1 percent; proximal deep venous thrombosis found on ultrasound, positive CTPA, and high probability ventilation/perfusion [V/Q] scan) and was excluded in 367 women (clinical probability and negative D-dimer result, negative CTPA result, normal or low-probability V/Q scan, and other reasons). During follow-up, 22 women received extended anticoagulation, mainly for previous venous thromboembolic disease. After exclusion of PE on the basis of negative results on the diagnostic work-up, the rate of symptomatic venous thromboembolic events was 0.0 percent among untreated women.

"Future research should focus on increasing the yield of noninvasive testing, such as by developing a specific clinical decision rule for suspected PE during [pregnancy](#) or using pregnancy-adapted D-dimer cut-off values," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industries.

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