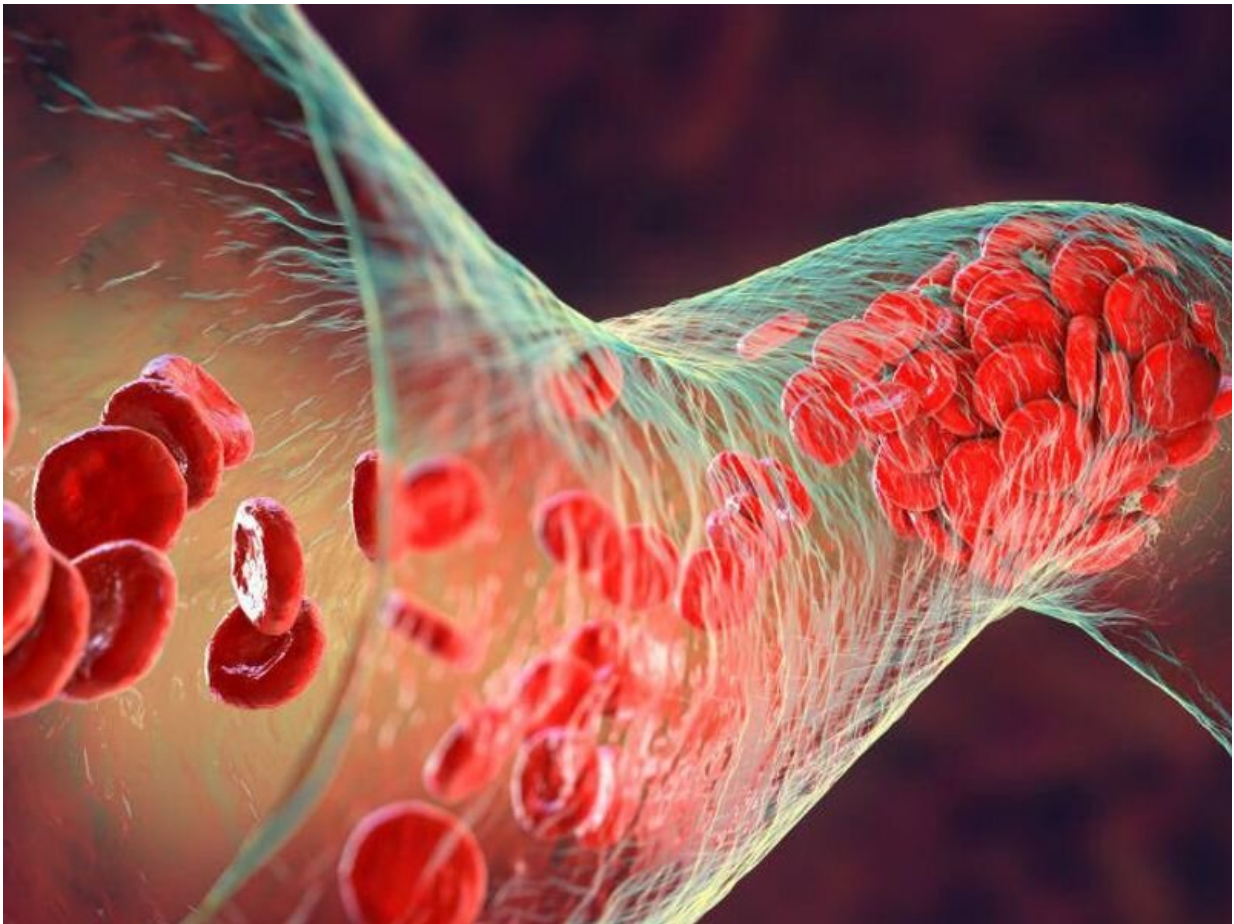


Catheter-directed thrombolysis beneficial for pulmonary embolism

June 20 2023, by Elana Gotkine



For patients with intermediate- to high-risk pulmonary embolism,

catheter-directed thrombolysis (CDT) is associated with a lower risk for death and major bleeding than systemic thrombolysis and with a lower risk for death compared with anticoagulation, according to a review and meta-analysis published online June 19 in *CMAJ*, the journal of the Canadian Medical Association.

David Planer, M.D., from the Hebrew University of Jerusalem, and colleagues conducted a systematic review to compare the efficacy and safety of CDT and other therapeutic options for patients with intermediate- or high-risk [pulmonary embolism](#). Data were included from 44 randomized controlled trials and [observational studies](#) with 20,006 patients.

The researchers found that CDT was associated with a [reduced risk](#) for death (odds ratio [OR], 0.43), intracerebral hemorrhage (OR, 0.44), major bleeding (OR, 0.61), and blood transfusion (OR, 0.46) compared with systemic thrombolysis, but there was no difference seen in minor bleeding between the two therapeutic options. CDT was also associated with a reduced risk for death compared with anticoagulation (OR, 0.36), with no significantly increased risk for intracerebral hemorrhage or major bleeding.

"Although these findings were driven mainly by [observational data](#), centers that specialize in CDT can consider it as first-line therapy among patients with intermediate- to high-risk pulmonary embolism," the authors write.

More information: David Planer et al, Catheter-directed thrombolysis compared with systemic thrombolysis and anticoagulation in patients with intermediate- or high-risk pulmonary embolism: systematic review and network meta-analysis, *Canadian Medical Association Journal* (2023). [DOI: 10.1503/cmaj.220960](https://doi.org/10.1503/cmaj.220960)

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