

Combination approach safely rules out PE in primary care

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(HealthDay)—General practitioners (GPs) can safely exclude pulmonary embolism using the Wells rule for pulmonary embolism in combination with either a qualitative point-of-care (POC) D-dimer test or a quantitative D-dimer test. The findings were published online April 6 in the *Journal of Thrombosis and Haemostasis*.

Wim Lucassen, M.D., Ph.D., from the Academic Medical Center in Amsterdam, and colleagues evaluated data from a prospective cohort of 598 adults suspected of [pulmonary embolism](#) in [primary care](#). GPs scored the Wells rule and carried out a qualitative POC [test](#). All patients were referred to hospital for reference testing. Quantitative D-dimer tests were performed in hospital laboratories. The prevalence of venous thromboembolism in low-risk patients was the primary outcome.

The researchers found the prevalence of pulmonary embolism to be 12.2 percent. The quantitative test and POC test missed one (0.4 percent) and four patients (1.5 percent), respectively, with a negative strategy (Wells ≥ 4 points and D-dimer test negative; $P = 0.20$). Twenty-three more [patients](#) could be excluded with the POC test (4 percent; $P = 0.05$). Combining the Wells rule and a POC yielded a sensitivity and specificity of 94.5 and 51.0 percent, respectively,

which when combined with a quantitative test changed to 98.6 and 47.2 percent, respectively.

"The GP can safely exclude pulmonary embolism using the Wells rule for pulmonary embolism in combination with either a qualitative POC D-dimer test or a quantitative D-dimer test," the authors write. "A prospective diagnostic impact study, where patient management is actually guided by the Wells rule and the D-dimer test (either quantitative or POC, qualitative), is needed to further evaluate the feasibility of this strategy in primary care."

One author disclosed financial ties to Boehringer-Ingelheim and Daiichi-Sankyo.

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