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D-dimer in diagnosis of acute pulmonary embolism: Whether my patient has it or not**Deepika Mittal**

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Acute pulmonary embolism is one of the most dreaded complications of DVT. Various clinical decision making rules are in vogue to aid clinicians make a diagnosis of pulmonary embolism. Central to most of these is D-dimer testing which is widely used across most healthcare systems to diagnose Pulmonary Embolism (PE). Lately the diagnostic accuracy of D-dimer has been questioned owing to a number of false positives subsequently cleared by further imaging modalities. Various studies conducted in this regard have advocated redefining of the criteria used, owing to elevations of D-dimer levels in a variety of unrelated clinical conditions. Some studies have advised the use of age adjusted D-dimer levels for better diagnostic accuracy. The combination of D-dimer levels with other bedside tests like 2D echo has shown to have increased sensitivity in ruling in PE, helping the emergency physicians make a decision regarding treatment. Further research in this regard is needed to avoid inadvertent treatment of patients suspected of having a pulmonary embolism. The crux of all this is to aid the diagnosis of pulmonary embolism and avoid the dilemma of whether my patient has it or not.

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