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Cases of pulmonary embolism diagnosed in the cardiology department of n. kozani

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Introduction: Pulmonary embolism (PE) is a condition with potentially very serious consequences, and with high mortality.

Aim: The aim of this study was to study patients who were diagnosed with PE within a year of their admission to the Cardiology Department of GNKozani from 1/1 / 18– 31/12/18.

Material-Method: Patients admitted to the Cardiology Clinic were studied in terms of gender, age, predisposing factors, severity, clinical and laboratory findings and outcome.

Results: The study included 19 patients (11 men and 8 women) with a mean age of 72.6 years (58–89). In 17 cases the PE was diagnosed during the admission, while in the remaining 2 during the hospitalization, on average on the 2nd day. Most patients (16/19) identified more than one risk factor for PE. In order of frequency they were: prolonged immobilization (10/19) cases, cardiorespiratory disease (9/19), smoking (8/19), malignant disease (4/19) and obesity (7/19). Symptoms, signs and laboratory tests that suspected PE included: increased d-dimers (19/19), sinus tachycardia (16/19), acute dyspnea / gas disorders (13/19), signs of deep vein thrombosis (3/19). 11/19 of the patients were receiving some kind of anticoagulant or antiplatelet therapy (9 acetylsalicylic acid, 2 NOAC) before the PE episode. The EP probability was estimated based on the revised Geneva score. The mean patient value was 5.66, with a median value of 6 (moderate risk group). All were treated with anticoagulants except one suffering from hemorrhagic SLE. 4 patients were thrombosed (hemodynamic instability in mass and sub-mass embolism), 4 were hospitalized (mass and sub-mass embolism) and 4 weeks after 2 from other causes.

Conclusions: A significant percentage of patients (89.4%) were diagnosed in the ICU of the hospital. The importance of d-dimers lies in the fact that the negative almost excludes PE (19/19). Successful thrombolysis occurred in only 1 patient. The mortality rate was 21.05% (within the first 48 hours) and 10.5% at 4 weeks. The percentages are considered acceptable according to international data.

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