

Estimating patients with pulmonary embolism

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Pulmonary embolism is a common, potentially lifethreatening cardiopulmonary illness. The mortality rate associated with PE is 15% in the first 3 months after diagnosis and, in nearly 25% of the cases, present with sudden death. Venous thromboembolism denotes pulmonary embolism and deep venous thrombosis. Pulmonary embolism (PE) refers to embolization of usually thrombotic material to pulmonary arteries, with complete or partial occlusion of one or more of their branches. Venous stasis, hypercoagulability, and endothelial damage predispose to VTE in presence of various clinical conditions. Pulmonary embolism should be suspected in all patients who present with new or worsening dyspnoea, chest pain, or sustained hypotension without an alternative obvious cause, but the diagnosis is confirmed by objective testing in only about 20% of patients. Proper diagnostic imaging, using scores for assessment of clinical probability and clinical decisions in managing of these patients would improve their prognosis.