

Follow Up and Outcomes in Low Risk PE

Kate Pommert, MD¹, Deepanjali Jain, MD², Leah Yuan, MD¹, Abhaya Trivedi, MD²
Rush University Medical Center, ¹Department of Internal Medicine, ²Division of Pulmonary,
Critical Care and Sleep Medicine

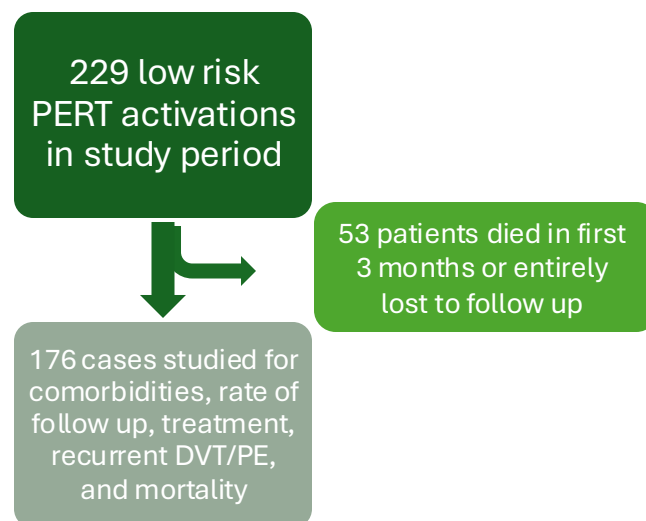


Introduction

- Rush University Medical Center (RUMC) PERT is unique in that it is activated by the Radiology department for any pulmonary embolism (PE) on imaging, regardless of risk stratification. This allows us to capture a unique set of patients with low-risk PE.
- Risk of developing long term complications of acute PE is correlated to risk factors independent of initial risk stratification.
- Having PE specific follow up increases the rate of CTEPH diagnosis and treatment.
- Our aim is to provide descriptive analysis of the low-risk PE population at RUMC and measure rate of follow up and outcomes.

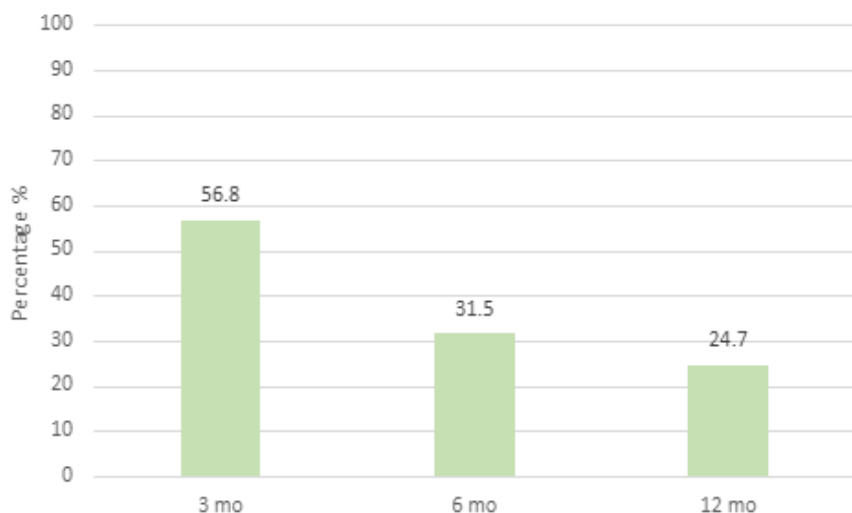
Methods

- Single center cross-sectional study including all low-risk PE between August 2021 and June 2022 at RUMC.

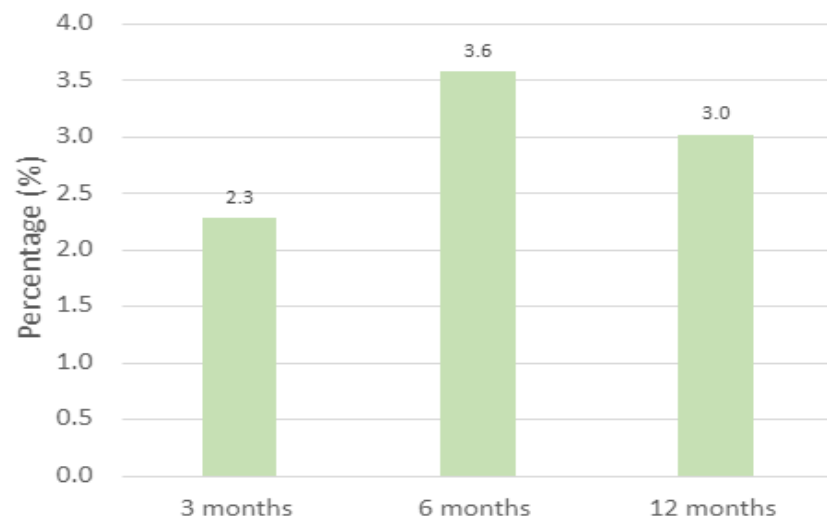


Results

Rate of PE Specific Follow Up in Low Risk PE Patients



Rate of Recurrent PE/DVT identified in follow up period



Mortality within 1 year – no. (%) 57 (24.9)

Mortality within 3 months 49 (21.4)

Conclusions

- Only 56.8% of patients had recommended 3 month follow up after acute low risk PE. Follow up decreased significantly to 24.7% at 12 months.
- Recurrent PE or DVT developed in 6.6% of low-risk PE patients. Rates of these recurrent events were similar at 3-, 6-, and 12-month periods.
- Identification of patients with low-risk PE and consultation to appropriate subspecialty services during a hospitalization may create a framework to increase rates of post-hospital follow up.
- Longer duration of dedicated follow up after an acute low risk PE may help identify patients with recurrent events.