



REGULAR ARTICLE

Elevated D-dimer concentration identifies patients with incomplete recanalization of pulmonary artery thromboemboli despite 6 months anticoagulation after the first episode of acute pulmonary embolism[☆]

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KEYWORDS

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Abstract

Background: Despite long-term anticoagulation in some patients after acute pulmonary embolism (APE) pulmonary thrombi are not completely resolved. We hypothesized that elevated D-dimer concentration reflecting increased endogenous fibrinolysis may indicate incomplete pulmonary thrombi resolution after the first episode of PE.

Methods: 55 patients aged 54.7 ± 18.6 years were anticoagulated for 6 months with acenocumarol (74.5% patients) or low molecular weight heparin (25.5% patients) when control spiral computed tomography (sCT), lung perfusion scintigraphy and D-dimer assessment were performed.

Results: Incomplete recanalization of pulmonary circulation was found in 39 (70.9%) patients – thrombi at sCT and/or ≥ 1 wedge-shaped perfusion defect at scintigraphy. Age, sex, rate of unprovoked APE, malignancies, thrombolysis in the acute phase and

Abbreviations: APE, acute pulmonary embolism; CTEPH, chronic thromboembolic pulmonary hypertension; INR, international normalized ratio; LMWH, low molecular weight heparin; OAT, oral anticoagulant treatment; ROC, receiver operating curve; RVD, right ventricle dysfunction; sCT, spiral computed tomography; VTE, venous thromboembolism.

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