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Clinical Evaluation Table for Predicting Pretest Probability of Pulmonary Embolism Recommendation 2 In appropriately selected patients with low pretest probability of DVT or pulmonary embolism, obtaining a high-sensitivity D-dimer is a reasonable option, and if negative, indicates a low likelihood of VTE. In selected patients who have a low pretest probability of VTE as defined by the Well prediction rules, a negative high-sensitivity D-dimer assay for VTE has sufficiently high negative predictive value to reduce the need for further imaging studies. D-dimer testing has the highest negative predictive value when used to exclude VTE in younger patients without associated comorbidity or history of VTE and with short duration of symptoms, because the Wells criteria more accurately predict a low pretest probability of VTE in such patients. In older patients, those with associated comorbidity, and long duration of symptoms, a D-dimer alone may not be sufficient to rule out VTE. Recommendation 3 Ultrasound is recommended for patients with intermediate to high pretest probability of DVT in the lower extremities. Use of ultrasound in diagnosing symptomatic thrombosis in the proximal veins of the lower limb is recommended for patients whose pretest probability of disease falls in the category of intermediate to high risk of DVT under the Wells prediction rule. Ultrasound is less sensitive in patients who have DVT limited to the calf; therefore, a negative ultrasound does not rule out DVT in these patients. Repeat ultrasound or venography may be required for patients who have suspected calf-vein DVT and a negative ultrasound and for patients who have suspected proximal DVT and an ultrasound that is technically inadequate or equivocal. Contrast venography is still considered the definitive test to rule out the diagnosis of DVT. Recommendation 4 Patients with intermediate or high pretest probability of pulmonary embolism require diagnostic imaging studies. For patients who have intermediate or high pretest probability of pulmonary embolism, imaging is essential. Recent systematic reviews indicate that CT alone may not be sufficiently sensitive to exclude pulmonary embolism in patients who have a high pretest probability of pulmonary embolism. Most deep vein thromboses are in the lower extremity. Those that involve the deep veins proximal to the knee are associated with an increased risk of pulmonary embolism. Those that involve only the calf veins are not associated with an increased risk of pulmonary embolism, but are associated with development of postthrombotic syndrome. Upper extremity deep vein thromboses are uncommon and are outside the scope of this guideline. The annual incidence of VTE in the United States is , cases 1 and is increasing with the aging of the population. This guideline aims to present evidence-based recommendations for the diagnosis of lower extremity DVT and pulmonary embolism. The target audience for this guideline is all primary care physicians. The target patient population is all adults who have a probability of developing DVT or pulmonary embolism, including pregnant individuals. Previous Section Next Section METHODS The guideline is based on a systematic review of the evidence as detailed in a comprehensive evidence report published in 3 and updated in the accompanying background paper by members of the Johns Hopkins University Evidence-based Practice Center that prepared the original report. This document covers diagnosis and is the first of 2 guidelines, the second by Snow et al addresses management. Are clinical prediction rules valuable for diagnosing DVT or pulmonary embolism, and does addition of the D-dimer assay improve the test characteristics of clinical prediction rules? What are the test characteristics of D-dimer measurement alone when used for diagnosis or exclusion of lower extremity DVT or pulmonary embolism, and how does choice of assay affect the test characteristics? What are the test characteristics of computed axial tomography CT for diagnosis of pulmonary embolism? Of the various available prediction rules, the Wells prediction rules for DVT and pulmonary embolism 7 , 8 were most frequently evaluated 17 of 19 studies for DVT 7 , 9 â€” 24 and 3 of 8 for pulmonary embolism 25 â€”  Individual clinical features are poorly predictive when not combined in a formal prediction rule. Combination of a D-dimer assay with a clinical prediction rule

provides sufficient negative predictive value to reduce the need for further imaging studies in appropriately selected patients with low pre-test probability of disease. Two of these studies examined the use of D-dimer testing for excluding pulmonary embolism. There is variation in the sensitivity of D-dimer assays, however, and clinicians should be informed about the type of D-dimer assay used in their clinical setting relative to the population being tested and type of assay being used. All of the reviews used contrast venography as the reference standard point for inclusion criterion. Hence, ultrasonography has high sensitivity and specificity for diagnosing proximal DVT of the lower extremity in symptomatic patients. Though specificity is maintained, sensitivity is diminished in patients who are asymptomatic or who have DVT in the calf. More importantly, the literature has lagged behind rapid recent advances in CT technology. Data published after the EPC review was completed suggest that current-generation multidetector CT technology may offer significantly higher sensitivity and similar specificity to the technology assessed in the EPC review. Use of a high-sensitivity D-dimer assay in patients who have a low pretest probability of VTE has a high negative predictive value; it is highest for younger patients with low pretest probability, no associated comorbidity or previous DVT, and a short duration of symptoms. There is strong evidence supporting the use of ultrasonography for diagnosing proximal DVT in symptomatic patients; sensitivity is much lower in asymptomatic patients and for detecting calf vein DVT. Recent results suggest that newer CT technology for diagnosis of pulmonary embolism might have a higher sensitivity and specificity than seen in previous studies. In addition, it is likely that accuracy of CTs will improve with time as the technology evolves further.

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