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**Title:** Incidental findings on CTPA at a district general hospital

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**Body:** Background CT Pulmonary Angiogram (CTPA) is the gold standard investigation for Pulmonary Embolism (PE) in the UK<sup>1</sup>. Aims Due to the quality of CTPA imaging, incidental findings are often identified. We investigated the incidence of these findings on CTPA studies done at a large district general hospital. Methods CTPA requests over a 12 month period in 2011 were reviewed retrospectively. Data was collected regarding PE, incidental findings and chest x-ray (CXR) reports at time of CTPA. Results A total of 216 CTPA reports were analysed. Results are seen in Table 1.

Table 1 CTPA Incidental Findings

Result	Number	%
Effusion	62	28.7
Consolidation	52	24.1
Emphysema	43	19.9
Malignancy	28	13
Pulmonary Embolism	24	11.1
Fibrosis	23	10.6
Lymph Nodes	21	9.7
Cardiomegaly	18	8.3
Atelectasis	17	7.9
Collapse	11	5.1
Bronchiectasis	10	4.6
Pneumothorax	2	0.9
Pulmonary oedema	2	0.9

Of the patients who had consolidation on CTPA, 9 (17%) had no consolidation seen on CXR. In those with a pleural effusion on CTPA, 42 (67%) had no effusion on CXR and of the patients who had a malignancy, 21 (75%) had not had this detected on CXR. Out of 216 patients, 15 (6.9%) had no CXR prior to CTPA and 13 (6%) had no formal CXR report. Discussion At our centre, CTPA yielded 11% diagnosis rate for PE. A sizeable number of incidental findings were detected resulting in further investigations and treatments of patients. The sensitivity of CXR is not sufficient to rule out consolidation in this set of patients. This study emphasises that CTPA is important in diagnosis of PE, but also in identifying alternative pathologies not seen on routine CXR Reference BTS Guidelines for the Management of Suspected Acute Pulmonary Embolism. Thorax 2003; 58: 470-484.