

# European Respiratory Society Annual Congress 2012

**Abstract Number:** 2128  
**Publication Number:** P649

**Abstract Group:** 1.3. Imaging

**Keyword 1:** Embolism **Keyword 2:** Imaging **Keyword 3:** No keyword

**Title:** Audit of the investigation of suspected pulmonary embolism in pregnancy

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**Body:** Introduction The diagnosis of pulmonary embolism (PE) in pregnancy relies upon criteria based clinical assessment supported by the use of appropriate imaging modalities. There is wide discrepancy between clinicians in the way the condition is investigated and this may have profound implications for diagnosis, resource allocation and radiation dose delivered to the mother and foetus. Methods Using the radiology database, all pregnant women who were investigated for PE using any of chest x-ray (CXR), bilateral leg duplex scans, perfusion scintigraphy (Q scan) or CT pulmonary angiography (CTPA) during a two year period from April 2009 till March 2011 were identified. The authors looked at the diagnostic algorithm adopted for each patient. Results 60 patients were identified. The sequence of imaging varied significantly, with patients falling into one of 7 main groups. 14 (23%) patients had CXR followed by CTPA; 11 (18%) had CXR followed by Q scan; 10 (17%) had CXR, leg duplex scans and CTPA; 9 (15%) had CXR, leg duplex scans and Q scan; 7 (12%) had CXR and leg duplex scans; 5 (8%) had CTPA alone and 3 (5%) had leg duplex scans followed by CTPA. There was a single case where a patient already diagnosed with deep vein thrombosis (DVT) on recent leg duplex scan was investigated for possible PE with CXR and CTPA. Conclusions The audit shows that there is a lack of standardised pathway for suspected PE in pregnancy and the choice of investigative modality was clinician dependent. There is a need for the international medical community to develop robust guidelines to allow standardised care, effective use of resources and minimize maternal and foetal radiation exposure.