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Title: Analysis of importance of clinical and laboratory parameters for clinical course and outcome of septic or no septic pulmonary embolism

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Body: BACKGROUND: Pulmonary embolism (PE) is many times life treating disease, and the diagnosis should be achieved as soon as possible. Presence of fever may be or not present at the start of PE. Haemoculture should be performed any time if PE is linked with fever. It is very important to check out any symptom and sign of PE. D-dimmer may only exclude the diagnosis, but for this purpose it is very important. AIM: To analyze the most important predictors for clinical course and outcome of septic or no septic PE: METHODS: Patients with PE treated in Department of Pulmology in General Hospital Tesanj. PE was considered if Geneve score was five points or more. For any patient CT scan of the chest, chest X-ray at admission, and 4th, 7th and 14th day of hospitalization. Lactat-dechidrogenase, Creatin-kinase, CRP, D-dimmer, ECG and blood gas analyzes were performed, so. RESULTS: During one year of follow up 36 patients were considered for PE, according to Geneve score, among them 11 with septic embolie. In patients with no septic PE no changes on control Chest X-ray were seen, but in any of septic ones X-ray appearance showed progression. Other parameters were nearly the same, with moderate higher level of CRP in PE. The gold standard for diagnosis of PE rest double scintigrafic imaging of the lung, with ventilation and perfusion phase. D-dimmer is very useful parameter to exclude if PE is not occurred. CONCLUSION: The most important parameter to distinguish septic or no septic PE was dynamic changes of chest X-ray appearance with substantial more progression in septic than in non septic ones.