



Prevalence of pulmonary embolism on hospital admission in COVID-19 patients: is there a role for pre-test probability scores and home treatment?

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Further confirmation that COVID-19 patients are at high risk of venous thromboembolism
<https://bit.ly/2OfPR5A>

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To the Editor:

We read with interest the research letter recently authored by JEVNIKAR *et al.* [1] about the prevalence of pulmonary embolism (PE) in patients with coronavirus disease 2019 (COVID-19) at the time of hospital admission. In this prospective multicentre study, all consecutive adult outpatients that were hospitalised with a diagnosis of COVID-19 in three tertiary French hospitals between 15 April and 23 May 2020 underwent computed tomography pulmonary angiography (CTPA). Only patients with contraindications to the examination (mainly due to contraindication for iodinated contrast administration) were excluded. The strength of this study is that it finally provides precise information regarding the actual prevalence of PE in hospitalised COVID-19 patients. Over the past year, we have been bombarded almost daily with a seemingly infinite amount of data on the increased rate of venous thromboembolism (VTE) in COVID-19 patients, but all the studies available so far had the insurmountable flaw that CTPA was performed only in a minority of cases and mainly in patients with clinical suspicion of PE [2]. Another flaw of such previous studies was that CTPA was performed at various time-points during hospitalisation and, therefore, it was not possible to establish whether PE was an actual complication of COVID-19 or a consequence of the hospitalisation itself. In this scenario, the report of JEVNIKAR *et al.* [1] finally allows us to claim with substantiation that the prevalence of PE is high even at time of hospital admission in patients with COVID-19.



