

DIAGNOSIS OF VTE

Structured clinical assessment

- establish pretest probability

Objective testing

- non-invasive
- invasive

STRUCTURED CLINICAL ASSESSMENT

Risk factors

Symptoms and signs

Alternative diagnosis

ASSESSING PRETEST PROBABILITY OF FIRST DVT

Feature	Score
Active cancer	1
Paralysis/paresis	1
Bedridden > 3 d or recent major surgery	1
Localized tenderness	1
Entire leg swollen	1
Calf swelling > 3 cm	1
Pitting edema in symptomatic leg	1
Non-varicose collaterals	1
Alternative diagnosis	-2

Low ≤ 0 ; moderate 1-2; high ≥ 3

Wells, *Lancet* 1995

Traditional Objective Tests

Reference standard tests are expensive, invasive and require contrast



DVT: Venography



PE: Pulmonary Angiography

OBJECTIVE TESTING FOR DVT

D-dimer

Compression ultrasonography

Venography

D-dimer

Degradation product of cross-linked fibrin

Assayed in plasma or whole blood

Sensitivity over 95%, but specificity only 65%

Test has high negative predictive value

SimpliRED D-dimer

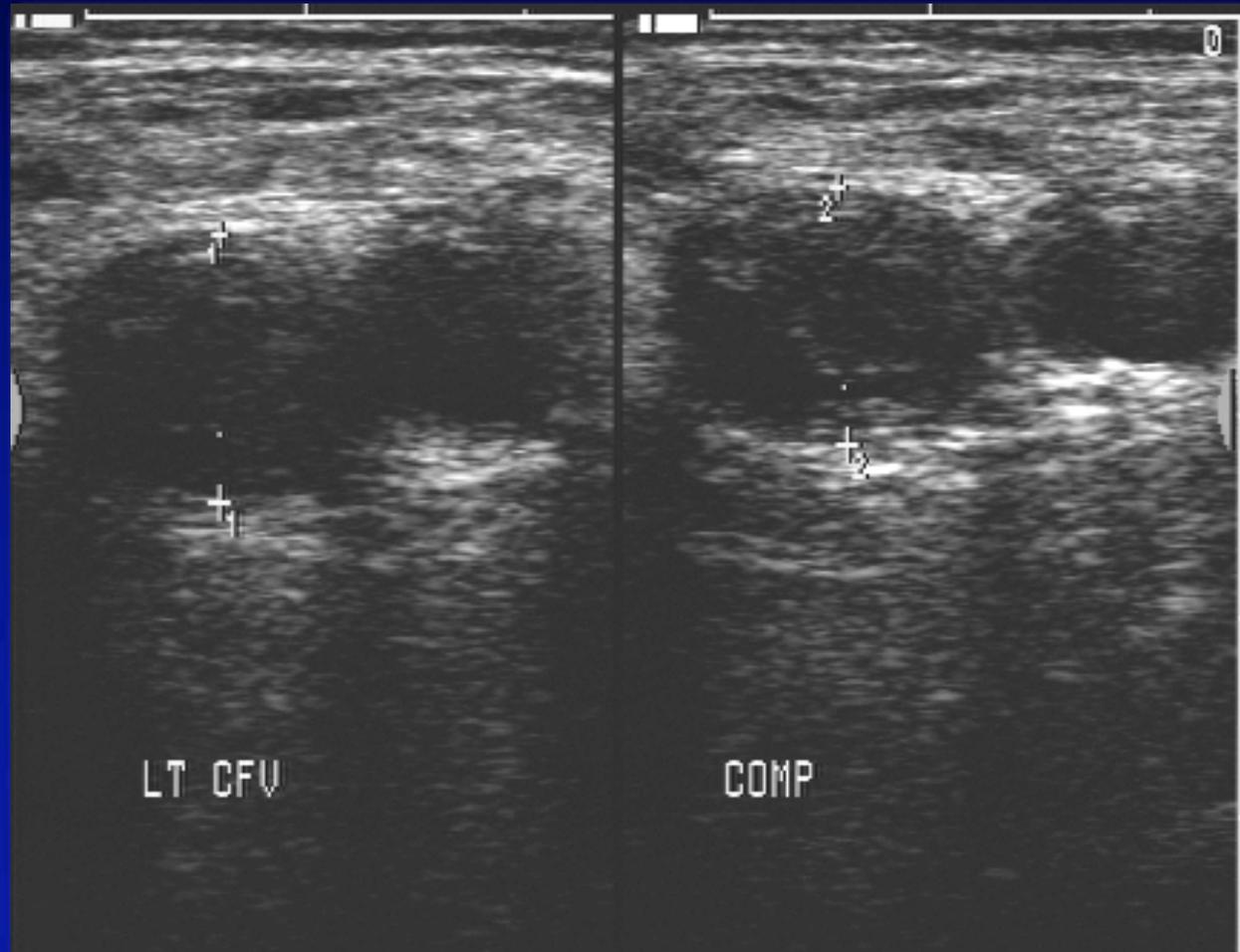


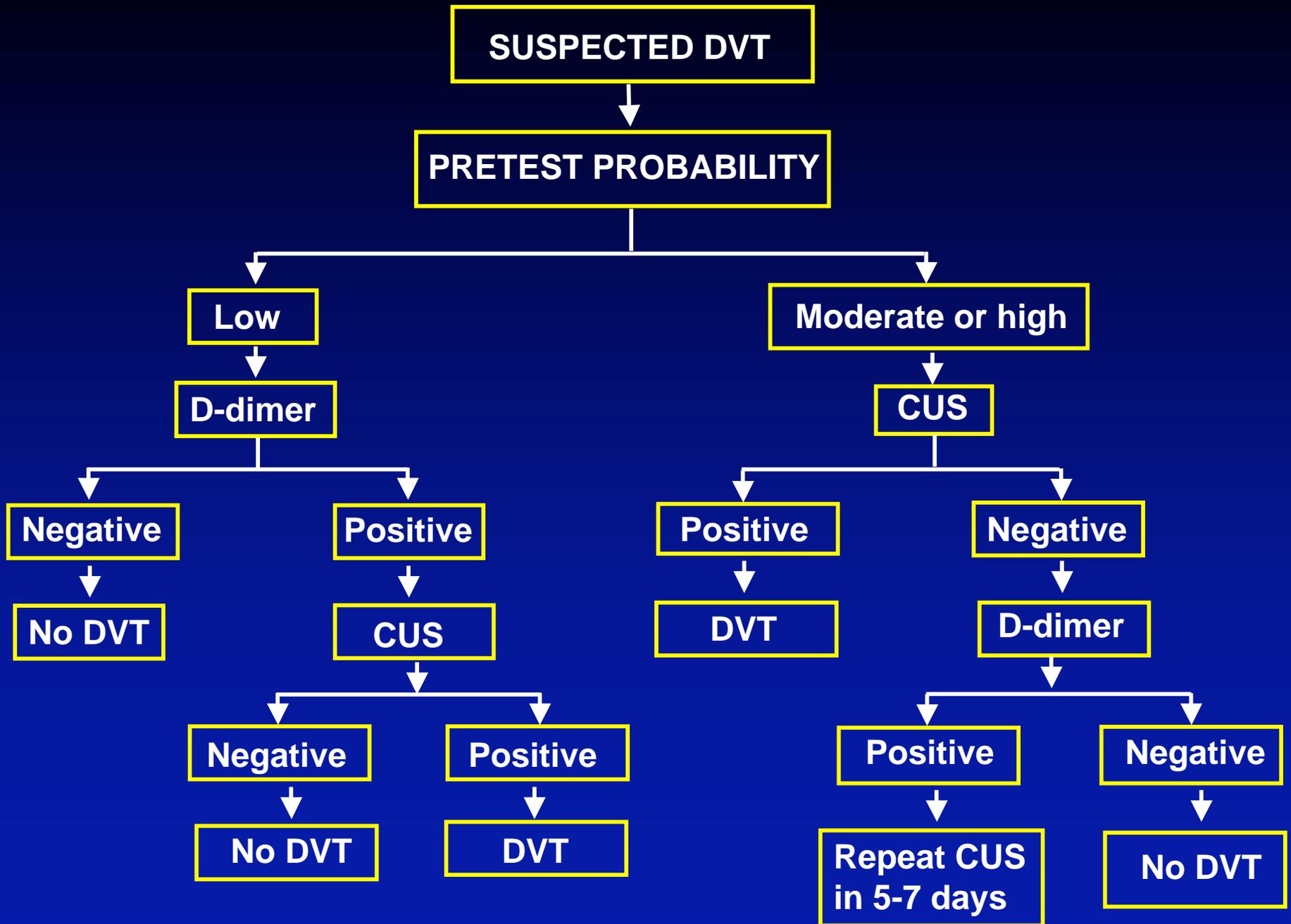
Compression ultrasonography (CUS)

**Sensitivity and specificity over 95%
for symptomatic proximal DVT**

**Sensitivity and specificity of 60 to 70%
for isolated symptomatic calf DVT**

Compression Ultrasonography (CUS)





AREAS OF CONTROVERSY

Calf DVT

Recurrent DVT

DIAGNOSIS OF PE

Structured clinical assessment

Objective testing

- non-invasive
- invasive

OBJECTIVE TESTING FOR PE

D-dimer

CT angiography (or V/Q)

MR angiography

CT Pulmonary Angiography (CTPA)



