

Abstract Form

REVIEW OF PULMONARY EMBOLISM IN A TEACHING HOSPITAL IN SINGAPORE.

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Pulmonary embolism continues to be a difficult diagnostic problem and has significant mortality. We conducted a retrospective study of all patients who had ventilation-perfusion (V/Q) scans over a period of 16 months to assess the clinical presentation of patients with suspected pulmonary embolism, and the frequency and mortality of proven pulmonary embolism in a teaching hospital. The case records of all patients who had V/Q scans from November 1993 to March 1995 were analysed. Clinical presentation, chest X-ray and electrocardiogram (ECG) findings, treatment and outcome were recorded. Out of 48 patients (25 male, 23 female), 33 presented with dyspnoea, 23 with chest pain and 3 with hemoptysis. 31 patients had an abnormal chest X-ray ranging from infiltrates (19), pleural effusion (8), atelectasis (5) and elevated hemidiaphragm (1). 22 patients had sinus tachycardia on the ECG and 2 patients had evidence of right ventricular strain. Pulmonary embolism was diagnosed in 10 patients (21%) based on abnormal V/Q scan results. Out of these 10 patients, 6 (60%) were treated medically with anti-coagulants, 3 (30%) were treated surgically (2 had embolectomy, 1 had a caval filter) and 1 (10%) died. 3 patients (30%) had recurrence within 6 months. We conclude that pulmonary embolism is uncommon, is potentially life-threatening with a high recurrence rate and is associated with significant mortality. V/Q scanning is a good confirmatory test for clinically suspected pulmonary embolism.