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| **Evaluation of Suspected Pulmonary Embolism in Pregnant and Post-Partum Patients**  |
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| **Introduction/Aim:** Pulmonary emboli (PE) are a major cause of morbidity and mortality during pregnancy and post-partum. Given it is challenging to differentiate clinical signs and symptoms of PE from normal physiological changes during pregnancy, and the limited evidence for pre-test probability tools in this population, there is a high uptake of radiological investigations to evaluate patients with suspected PE. Minimising radiological investigations is important to reduce radiation exposure to both the patient and their foetus. This study aims to investigate the evaluation of suspected PE in pregnant and post-partum patients including: 1. a comparison of the evaluation with relevant guidelines
2. exploration into whether the use of a pre-test probability tool could safely reduce the number of radiological investigations

**Methods:** The study retrospectively included pregnant patients, and those within six weeks post-partum, who presented to the Emergency Department at two Australian hospitals and underwent radiological investigations for a suspected PE between January 2019 and December 2022. Their evaluation was compared against guidelines from the Society of Obstetric Medicine of Australia and New Zealand and the Royal College of Obstetricians and Gynaecologists. The pre-test probability tool enlisted was the pregnancy-adapted YEARS algorithm. Patients were followed for a minimum of three months post their initial presentation. **Results:** 372 patients were included in the study. Their evaluation was consistent with relevant guidelines in 73% of patients. The criteria for the pregnancy-adapted YEARS algorithm could be applied to 264 patients (71.0%). Of these 264 patients, radiological investigations could have been avoided in 33 patients (12.5%). None of these 33 patients represented with a PE during the follow up period. **Conclusion:** Majority of patients were evaluated in accordance with relevant guidelines. The pregnancy-adapted YEARS algorithm has potential to safely reduce the number of radiological investigations performed in this population. **Grant Support:** Nil**Key words:** Pulmonary embolism, pregnancy, post-partum  |