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| **The Cairns experience of thrombolysis for acute pulmonary embolism**  |
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| **Introduction/Aim:** Systemic thrombolysis is established as first line management in acute, high risk pulmonary embolism. There is emerging data but currently no clearly defined indications for thrombolysis in the intermediate-high risk group. The aim of this study is to describe the risk stratification, outcomes and complications of thrombolysis for acute pulmonary embolism in a regional institution. **Methods:** A retrospective audit was conducted within a single regional institution. 661 admissions were clinically coded with a primary diagnosis of “E61A – Pulmonary Embolism, Major Complexity” and “E61B – Pulmonary Embolism, Minor Complexity” from January 2017 to December 2022. Duplicate records, diagnosis other than pulmonary embolism and patients that did not receive thrombolytic therapy were excluded. Clinical records and imaging were reviewed to establish demographics, simplified PESI scores, clinical management and outcomes. **Results:** The study identified 634 patients admitted for acute pulmonary embolism. Nineteen patients received thrombolytic therapy, with 89.5% (n=17) receiving systemic thrombolysis (one at half-dose) and 10.5% (n=2) undergoing catheter-directed thrombolysis as the primary intervention. The mean age was 61.5 years (±15.8), 57.9% (n=11) were female. The mean simplified PESI score was 2.3 (±1.4), 36.8% (n=7) were intermediate-high risk and 63% (n=12) were high risk. The 90-day mortality rate was 21.0% (n=4), with 31.6% (n=6) requiring inotrope support and 26.3% (n=5) had a cardiac arrest. No patients had any major haemorrhage, including intracerebral haemorrhage. The average hospital length of stay was 5.5 (±3.9) days. **Conclusion:** This retrospective audit demonstrates no major complications attributable to thrombolysis in a local practice, although event numbers were small. However, pulmonary embolism still confers significant associated mortality. Further research is needed to guide thrombolytic management in the intermediate-high risk group.**Grant Support:** None**Key words:**Pulmonary embolismThrombolysis |