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The Results of Thrombolytic Treatment In Patients with Massive Pulmonary Embolism

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Objectives: The mortality rates due to massive PE is much more than estimated. Although the thrombolytic therapy is controversial, it is life-saving procedure and it can be safely used in patients with massive PE. We aimed to share of the results of thrombolytic treatment in patients with massive pulmonary embolism.

Methods: We retrospectively evaluated 72 patients with PE between January 2010 and april 2018 in the Department of Pulmonary Medicine, VM Medicalpark Samsun Hospital, Samsun, Turkey. The datas of patients who received thrombolytic treatment were retrospectively analyzed.

Results: The female to male ratio was 24/48. The mean age of patients was 62.7±12.6 (min 27- max 88) years-old. The diagnosis of massive PE was confirmed with echocardiography in all of patients. The massive PE diagnosis was done with CT in 45 (62.5%) patients which have appropriate clinic status. Most common symptoms were dyspnea (90.3%), chest pain (83.3%) and syncope (40.2%). S1Q3T3 pattern was noted 82% of patients in ECG and rapidly recovered after thrombolytic therapy. The cardiopulmonary arrest was seen in 25 (37.2%) of patients and thrombolytic treatment was given during cardiopulmonary resuscitation in 13 (%) of these patients. The survival rate was 4 (%) in patients with cardiopulmonary arrest which have given thrombolytic treatment in emergency room. The complications of rt-PA treatment were noted as minor hemorrhage 5 (6.4%), minor hemorrhage 2 (2.7%) and allergic reaction was seen in 1 (1.3%) of patients. There was no mortality due to complication of the thrombolytic treatment. The overall mortality rate was 19 (26.2%) in all of patients and 9 (12.5%) of them died in first 24 hours despite to thrombolytic treatment.

Conclusion: We concluded that the risk factors, ECG and echocardiography are key role for suspicion of massive pulmonary embolism in patients with hemodynamic shock. According to our experiences, the early thrombolytic therapy is a live-saver intervention in patients with diagnosed and/or suspected massive pulmonary embolism.

Keywords: Massive pulmonary embolism, thrombolytic therapy, alteplase, radiology