

"Wait and Watch" Approach in Intermediate Risk/ Sub-Massive Pulmonary Embolism

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Introduction: Pulmonary embolism (PE) is a major cause of morbidity and mortality. Recent guidelines clearly differentiate between low risk PE which can be treated with heparin alone, and high risk PE which should be treated immediately with thrombolysis or embolectomy.

However treatment of intermediate risk PE is controversial. Whether or not these patients should receive immediate thrombolysis is still debated.

Patient population: A total of 31 patients diagnosed with intermediate risk PE were admitted to our ICCU between 1/2004-8/2008.

We applied a "wait and watch" policy consisting of close respiratory and hemodynamic monitoring, and treatment with unfractionated heparin(UFH) to achieve a PTT of 80-90 seconds. Thrombolysis or embolectomy was considered only in patients who did not clinically improve or deteriorate within 24-48hrs of treatment.

Results: Twenty four patients were treated only with UFH and had an excellent outcome, with no in hospital mortality, improved RV size and function and a decline in pulmonary hypertension. Seven patients did not improve or deteriorated during the wait and watch period. Six of them were treated with thrombolysis; of which 2 died One patient was referred to surgical embolectomy and died post surgery.

Conclusions: Our experience supports a "wait and watch" approach for patients with intermediate risk PE, since the majority will improve only with UFH.

Thrombolysis or embolectomy should be reserved only for patients who do not improve or deteriorate after the first 24-48hrs of treatment.