Clinical Description of Patients Belonging to the Institutional Registry of Pulmonary Thromboembolism from the Hospital Universitario San Ignacio (RETEP-HUSI), in Bogotá-Colombia

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Introduction: There is a scarce knowledge about the characteristics of patients with pulmonary embolism (PE) who residing in Bogotá, specially about their risk and treatment trends according to the European and American College guidelines. Objective: To describe clinically and demographically a population with diagnosis of pulmonary embolism (PE) treated in a university hospital (HUSI) located in Bogotá-Colombia during the 2018 year. Methods: Patients with PE identified by the diagnosis in the clinical history or by a positive result of the main diagnostic methods used in the hospital: computed Angio-tomography of the lung (AngioCT), ventilation-perfusion scintigraphy, pulmonary arteriography and transthoracic echocardiogram. Patients: A cohort of women and men of Colombian nationality, over 18 years old, with newly diagnosis of PE confirmed by the diagnostic methods mentioned. Results: One hundred thirteen patients met the main inclusion criteria (54.9% women, 59 ± 18 years). Twenty-four percent of them did not have a identified risk factor for PE (not provoked), while 76% had at least 1 risk factor (provoked). The mainly risk factors found was: active cancer diagnosis (25%), mobility limitation (20%), previous deep vein thrombosis (20%), surgery in the last thirty days (16%), heart failure (8%) and previous PE (7%). The pulmonary embolism severity index (PESI) was the risk rule used (96%), where the most frequent class was III (31%), followed by class V (30%), class IV (16%), class I (14%) and class II (9%) The risk classification according to de European guidelines was low: (23%), intermediate (47%) and high (30%), but, despite this only 4 cases of death attributable to obstructive shock were reported (4%). At the diagnosis 98% received treatment with low molecular weight heparin (LMWH), while at discharge LMWH was the most used (58%), followed by warfarin in 21% and the oral anticoagulants rivaroxaban, apixaban and dabigatran (9.7%, 8.8% and 2.7% respectively). Conclusions: This study allows us to know some aspects regarding PE our institution, where mostly of the patients presented with at least 1 risk factor (active cancer most frequent), intermediate risk (47%), with a low mortality (4%). Anticoagulation with LMWH was the preferred anticoagulation method at diagnosis and at discharge, explained possibly because high cancer prevalence, however, the use of oral anticoagulants still been low. Prospective and colaborative studies need to be implemented to consolidate data and learn more about the characteristics and behavior of this in our population.