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# ARCHIVOS DE Bronconeumología

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**Methods:** A retrospective descriptive study of patients followed up in our consultations after admission to our area with a diagnosis of PE and for a period of one year (November 2020-2021) is carried out. Epidemiological, clinical, diagnosis, treatment and prognosis variables are analyzed. The results are stored in a database and the statistical study is carried out using the PASW Statistics program.

**Results:** A total of 76 patients (62% men, 38% women) with an average age is 62 years old are included. 59.2% were classified as PESI I-II and 40.8% PESI III-IV. 39.5% corresponded to segmental PE, 35.5% in the main artery and 11.8% subsegmental. 13% of our patients were discharged with LMWH, 81.6% with Antivitamin K and the rest with DOACs (direct acting oral anticoagulants). The mean duration of treatment was  $9 \pm 3$  months. The median duration until the first consultation was  $4 \pm 1.8$  months. During follow-up no diagnostic test was performed (Scintigraphy in 58%, AngioCT 76%). In 74% of the cases no thrombophilia study was indicated. 13% of our patients presented PTE associated with cancer and 60% of these underwent treatment with LMWH. During follow-up, pulmonary hypertension associated with PE was diagnosed in 3.1% of patients.

	Consensus 2013 y 2021	HSPA
Tiempo hasta primera consulta	Not adress directly	4 months
Duración tratamiento	Least 3 months	9 months
Tipo de anticoagulante	Antivitamin K (need for reperfusion and contraindication ADOs)	Most Antivitamin K
	DOACs (most cases, expect contraindications)	5.3% DOACs
	LMWH (choise in cáncer)	-13.2% LMWH (60% of cancer patients)
Estudio trombofilia	Not recommended	Not done in 74%
Pruebas diagnósticas	AngioCT or scintigraphy is not recommended. Echocardiogram only if symptoms or signs of PHT-PTE.	-24% AngioCT -30% Scintigraphy

\*Contraindications: Triple positive antiphospholipid syndrome, pregnant and lactating, or with severe renal insufficiency.

**Conclusions:** The multidisciplinary consensus for the management of PTSD (2013 and 2021) address some aspects related to the management and follow-up of patients diagnosed with PTSD. In our study, we observed a high level of concordance in the follow-up of patients with PE, particularly with regard to the minimum duration of anticoagulant treatment and the indication of different diagnostic tests. In our protocol there are clear differences with respect to the consensus in the choice of anticoagulant treatment. We did not find that the duration and time interval required are in line with the first and number of follow-up consultations in these patients.

## 10. FOLLOW-UP OF PATIENTS WITH PULMONARY THROMBOEMBOLISM AFTER HOSPITALIZATION: ARE WE DOING IT RIGHT?

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**Introduction:** A new multidisciplinary consensus for the management of pulmonary thromboembolism has recently been published

(Lobo JL, *et al.* Multidisciplinary consensus for the management of pulmonary thromboembolism. Arch Bronconeumol. 2021), in which aspects related to diagnosis, treatment and follow-up are analyzed.

**Objectives:** The aim of our work is to analyze the follow-up protocol for patients hospitalized for PE in our area and its consistency with the data offered in the new consensus.

**Methods:** We have carried out a retrospective descriptive study of patients followed up at clinic after admission to our area with a diagnosis of PE and for a period of one year (November 2020-2021). Epidemiological, clinical, diagnosis, treatment and prognosis variables are analyzed. The results are stored in a database and they have been analyzed using the PASW Statistics 18 program.

**Results:** A total of 76 patients (62% men, 38% women) with an average age of 62 years are included. 59.2% were classified as PESI I-II and 40.8% as PESI III-IV. 13% of our patients were discharged with LMWH, 81.6% with vitamin K antagonist and the rest with DOACs (direct oral anticoagulants). The mean duration of treatment was  $9 \pm 3$  months. The average duration until the first consultation was  $4 \pm 1.8$  months. No diagnostic test was performed during the follow-up (scintigraphy in 58%, angioCT in 76%). In 74% of cases no thrombophilia study was indicated. 13% of our patients presented PE associated with cancer and 60% of these underwent treatment with LMWH (low molecular weight heparin).

	2013 and 2021 consensus	Our hospital
Time to first consultation	Not addressed directly	4 months
Duration of treatment	Minimum 3 months	9 months
Type of anticoagulant	Vitamin K antagonist (need for reperfusion and contraindication of DOACs)	Most of them vitamin K antagonist
	DOACs (most cases, except contraindications)	5.3% DOACs
	LMWH (choise in cancer)	13.2% LMWH
Thrombophilia study	Not recommended	Not performed in 74%
Diagnostic tests	CT angiography and scintigraphy are not recommended.	24% CT angiography 30% scintigraphy

**Conclusions:** On our research, we observed a high level of agreement in the follow-up of patients with PE concerning the consensus and particularly with regard to the minimum duration of anticoagulant treatment. In our protocol, there are differences in the choice of anticoagulant treatment and in terms of the indication of different diagnostic test.

## 11. REMDESIVIR DOES NOT REDUCE MORTALITY IN CRITICALLY ILL PATIENTS WITH COVID-19 REGARDLESS OF PATIENT AND VIRAL FACTORS

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**Introduction:** The role of remdesivir in the treatment of critically ill COVID-19 patients is an ongoing matter of controversy.

**Objectives:** We aimed to evaluate the effect of remdesivir on the outcomes of patients with severe COVID-19 admitted to the intensive care unit (ICU).