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Misuse of the Pulmonary Embolism Rule-Out Criteria

To the Editor:

The pulmonary embolism editorial titled “Right-Sizing Testing for Pulmonary Embolism: Recognizing the Risks of Detecting Any Clot”1 contains a significant error that needs to be corrected. The authors state that the pulmonary embolism rule-out criteria (PERC) is a well-validated tool to identify low-risk patients who do not need a diagnostic evaluation. In fact, the PERC rule cannot be applied to all patients but rather only to those patients who have been determined to be at low risk either by clinical judgment or by another decision instrument such as the Wells or Geneva criteria.2 The PERC rule was not designed to risk-stratify patients into a low-risk group.3 Furthermore, it has been shown not to work as a risk-stratifying tool. This is an extremely important point for emergency physicians to understand.

Philip J. Bosart, MD
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In reply:

What Dr. Bosart considers an error we regard as an assumption unlikely to confuse Annals’ readers. Our article targeted testing despite little concern for pulmonary embolism (PE); we fully agree that no physician should attempt to apply pulmonary embolism rule out criteria to a patient who is already considered at medium or high risk. As we discussed, pulmonary embolism rule out criteria effectively converts a patient from low risk to ultralow risk. We sought to stem the tide of “seeking PE, no matter what” - not defining PE in those likely to have the disease from clinical features.

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