

PE has been suggested by pretest evaluation. To my knowledge, this is a logical approach. It is also given in the literature.² Furthermore, in a very recent publication on this topic, the Institute for Clinical Systems Improvement has given an algorithm consistent with my view.³ In Figure 1 of SEPAR's guidelines, however, the signs for negative and positive CT angiographic findings were reversed.¹

Additionally, in Table 8, which gives dosages of systemic thrombolytic agents approved by the United States Food and Drug Administration for PE, the dosage after the first 30 minutes and 250 000 U has been given inaccurately as 100 000 U/kg/h. It should be given as 100 000 U/h without reference to an amount per kilogram of body weight.⁴

Herewith, I want to take advantage of this opportunity to thank the authors once more for their elegant review on such a frequent and important condition. I hope that my letter will be helpful for leading to correction in the interest of preventing misunderstanding.

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Algorithms Are Always Useful for the Diagnosis of Pulmonary Embolism

To the editor:

With great interest, I have read the recommendations of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) on the diagnosis, treatment, and follow up of pulmonary embolism (PE) by Uresandi et al¹ in the December 2004 issue of ARCHIVOS DE BRONCONEUMOLOGÍA. The guidelines contain much information that is useful for daily clinical practice. Since I thought that the guidelines would be worth citing for many reasons, I could not help being disappointed when I noticed an error in the algorithm given in Figure 1. Possibly, it might be just a typing error and might be easily recognized by other readers. However, it can also turn the flow of clinical decision making the wrong way for some new learners.

When someone follows the algorithm based on clinical suspicion and applies computed tomography (CT) angiography, the second round of testing with CT angiography is supposed to confirm the diagnosis of PE. This aim is being addressed in these guidelines as the basic objective of the noninvasive tests referred to in that part of the algorithm. In a case in which CT angiography is positive for PE, the physician can come to a diagnosis and start the appropriate treatment. On the other hand, if the CT angiography is negative, venous ultrasound is needed to rule out or confirm PE since the moderate clinical probability of

1. Uresandi F, Blanquer J, Conget F, de Gregorio MA, Lobo JL, Otero R, et al. Guidelines for the diagnosis, treatment, and follow-up of pulmonary embolism. *Arch Bronconeumol.* 2004;40:580-94.
2. Wolfe TR, Hartsell SC. Pulmonary embolism: making sense of the diagnostic evaluation. *Ann Emerg Med* 2001;37:504-14.
3. Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism. Bloomington: Institute for Clinical Systems Improvement (ICSI); 2004. p. 91. Available from: www.guideline.gov/algorithm/3516/NGC-3516_2/pdf
4. Palevsky HI, Kelley MA, Fishman AP. Pulmonary thromboembolic disease. In: Fishman AP, editor. *Fishman's pulmonary diseases and disorders*. Vol. 1. New York: McGraw-Hill; 1998. p. 1296-329.