Authors' Reply

To the Editor: We appreciate the interest of Hernández Blasco et al (previous letter) in our study evaluating the diagnostic yield of single-detector computed tomography (CT) angiography of the chest in the diagnosis of pulmonary embolism.[1]

Granted, CT angiography sensitivity in our study was inferior to that of the studies mentioned by Hernández Blasco et al. However, our results are comparable to those of the PIOPED II study,[2] the most rigorously designed prospective multicenter study to evaluate the diagnostic utility of chest CT angiography for patients with suspected pulmonary embolism. In that study, a central independent panel of radiologists interpreted multislice CT angiography and obtained a sensitivity of 82% (95% confidence interval, 77%-88%); that value shows no statistically significant difference from the sensitivity of 72% (95% confidence interval, 63%-81%) obtained in our study.

We agree with Hernández Blasco et al that quality of the radiological study and interobserver variation are factors that can affect the diagnostic yield of the technique. We doubt, however, the role of delays in diagnosis in the results obtained in our series. In fact, the delays in diagnosis for our patients with pulmonary embolism[3] were similar to those for patients in a North American multicenter registry recently published.[4]

The results reported by Hernández Blasco et al support our conclusions on the importance of *a)* validating the yield of the technique in each setting and *b)* interpreting the result based on the pretest clinical probability of the patient.

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