

Thrombolytic Therapy in Pulmonary Embolism: Treating the Patient, Not Just the Disease



To the Editor:

We greatly enjoyed reading the recently published article by Desai et al.¹ The authors investigated the benefit of thrombolytic therapy in hemodynamically stable pulmonary embolism patients with right ventricular dysfunction and concluded that thrombolysis is not associated with improvement in mortality in these patients. Evidence from previous studies in patients with acute pulmonary embolism indicates that thrombolytic therapy leads to early hemodynamic improvement, but at a cost of increased major bleeding.² However, treatment of pulmonary embolism is variable amongst different and even the same institution, and lower dose and slower infusion of thrombolytic agents are widely used in recent years.³ Case reports have demonstrated possible benefit of low-dose tissue plasminogen activator in other patients at high risk of bleeding, including the elderly, pregnant, and surgical populations.³⁻⁵ We think that particular consideration for lower doses should be given to patients with pulmonary embolism who are at a high risk of bleeding, such as those with a low body weight or older age. Although

Desai and colleagues suggested less aggressive treatment for stable pulmonary embolism patients with right ventricular dysfunction, we think that studies are needed to confirm the optimal route and dosing of thrombolytic therapy for pulmonary embolism.

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