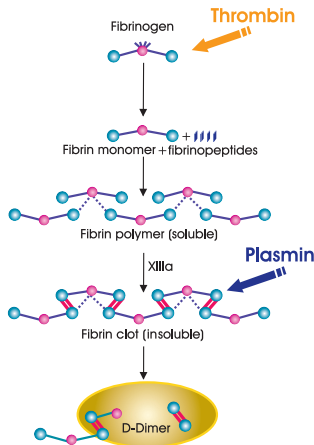


D-Dimer assay for exclusion of Venous ThromboEmbolism (VTE)

- It has been shown that only D-Dimer is of diagnosis value in ruling out deep venous thrombosis or pulmonary embolism. D-Dimer fragments are formed through the degradation of polymerised fibrin by plasmin.



N.B.: High levels of D-Dimers do not necessarily imply DVT/PE since they may be associated with many other causes.

Elevated D-Dimers may also be found in samples:

- from pregnant patients
 - from older subjects
 - from patients with infection
 - following traumatic injury
 - during the post-operative period
 - from patients with cancer
 - from hospitalised patients (who generally have a higher baseline D-Dimer level than ambulatory patients)
 - from patients with inflammatory syndrome
- **Value of D-Dimers in the diagnosis of deep venous thrombosis:**
 - Negative Predictive Value (NPV) close to 100%
 - Use of D-Dimers combined with clinical pretest probability score clinical pretest probability score (Wells score)
 - With a score < 2 for patients with suspected DVT
 - With a score 1-4 for patients with suspected PE
 - May be used for all patients with suspected DVT
 - Non-invasive method
 - Limits the number of tests required as well as the need for imaging
 - Improves diagnosis

- Several studies performed with STA®-Liatest® D-Di have shown a negative predictive value (NPV) pretty close to 100% in ambulatory patients using a threshold value for D-Dimers of 500 ng/mL (i.e. 0.5 µg/mL).

Clinical validation of STA®-Liatest® D-Di in ruling out diagnosis of DVT and PE.

Number of patients	Pathologies	NPV STA®-Liatest® D-Di
386	EP	100%
501	EP	99.4%
222	EP	100%
114	TVP/EP	100%

Bibliography:

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