

for Pulmonary Embolism

step toward diagnosis is the physician's index of suspicion. Once he suspects that his patient has suffered pulmonary embolism, he can carry out a number of relatively simple tests to support the presumptive diagnosis or rule it out. At the same time, he can begin prophylactic treatment with low-dose heparin.

One routine measure that yields valuable information is the plain chest x-ray. In a cooperative study conducted by the National Heart and Lung Institute (NHLI), the two most common features of chest films in patients with pulmonary embolism were high diaphragm on the side where the embolus was lodged, and pulmonary consolidation. Many of the

patients had both. In the clinical context of cardiopulmonary distress, then, either or both of these features on the plain film should suggest the strong possibility of pulmonary embolism, infarction, or both. To confirm the diagnosis, perfusion lung scanning should be performed immediately.

In the NHLI study, data were obtained from 14 institutions that followed a uniform study protocol, in which the presence of pulmonary embolism was established by pulmonary angiography. Patients were grouped according to the extent of occlusion: Those who had two or more lobar arterial occlusions were classified as having suffered massive embolism; where there was lesser occlusion, the em-

