THE SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND

Colette Choiseul has completed this personal reflection on **18/07/2022**

Paper: Autumn 2021 CPD Questions

Personal Reflection:

1. JVS - Early experience with arterial thromboembolic complications in patients with COVID-19
Jeffrey E. Indes, MD,a Issam Koleilat,
Revision - The majority of arterial emboli originate in the heart and travel to the extremities, with the lower extremities being affected more frequently than the upper extremities and carotid arteries. Thromboemboli typically lodge where there is an acute narrowing of the artery, such as an atherosclerotic plaque or a vessel branch point.
For my own practice this study noted a)There was no observed correlation between the severity of COVID-19 disease and the degree of arterial
thrombosis. b)There were significantly more SARS-CoV-2 positive patients with aortoiliac involvement compared with the SARS-CoV-2 negative or not tested patients. There was a trend toward less tibial/pedal and more upper extremity involvement in the SARS-CoV-2 positive patients when compared with SARS-CoV-2 negative or not tested patients. Carotid and femoropopliteal involvement was relatively equal between the two groups.

2. Radiology - Pulmonary Embolism and Deep Vein Thrombosis in COVID-19: A Systematic Review and Meta-Analysis
Young Joo Suh, MD, PhD ,Ä¢ Hyunsook Hong, PhD
Pulmonary embolism (PE) and deep vein thrombosis (DVT) occurred in 16.5% and 14.8% of patients with coronavirus
disease 2019 (COVID-19), respectively, and more than half of patients with PE lacked DVT. The cutoffs of D-dimer levels used to
exclude PE in preexisting guidelines seem applicable to patients with COVID-19.