

3.12 DASH score for recurrent VTE-Retrospective study

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Recurrent thromboembolism is associated with increased mortality and morbidity. The risk is lowered by the anticoagulation with a large effect in the initial phase following the venous thromboembolic event.

The DASH score is used to calculate the risk of recurrent VTE in an individual with a recent VTE event and who has completed a 3-6-month course of anticoagulation. Individuals with a DASH score of ≤ 1 have a low risk of annual recurrence whilst those with a DASH score of ≥ 2 have an increased risk of VTE.

Aim: To assess the usefulness of DASH to predict the risk of recurrent venous thromboembolism score in the patients with unprovoked PE who had DASH score of $</- 1$ and did not have long term anticoagulation

Method: Single centre retrospective evaluation of patients seen in the respiratory PE clinic from January 2021 until December 2022.

Results: Mean age was 62. From the total 112, 74 (66%) had confirmed PE, 59 (79%) out of 74 had provoked and 25 (21%) had unprovoked PE. 3 (12%) patients with unprovoked PE who had DASH score of one or less then, had their anticoagulation stopped after 6 months and they were followed for 2 years and did not have any recurrence of Venous thromboembolic events.

One patient with unprovoked PE had DASH score of 3 but D dimers were negative after stopping anticoagulation and he did not have any recurrence of VTE.

Among 74 patients, 1 patient had Saddle PE, 7 (9.5%) patients had central PE, 40 (54%) patients had bilateral PE and 24 (32%) patients had Right sided PE.

Conclusion: Patients with unprovoked PE who had DASH score of 1 or <1 had no evidence of recurrence of PE despite their anticoagulation being stopped on a follow up of 2 years.

D-dimer is perhaps the most important marker to predict the risk of unprovoked PE but we will require a large multi-centre studies with longer follow up to validate it.

References

1. Assessing the risk of recurrent venous thromboembolism-PubMed- V11:2015
2. Predicting disease recurrence in patients with previous unprovoked thromboembolism- J thrombo Haemostat 2017 :15 1963-70

Table 1

Total number of patients Included in the Study	Male	Female
112	46 (42%)	66 (58%)

Total number of patients diagnosed with PE	Provoked PE	Unprovoked PE
74	59 (79%)	25 (21%)
Total number of patients with Unprovoked PE	DASH score of 1 or less	DASH score of 2 or more
25	3 (12%)	22 (88%)
Recurrence of VTE in patients with DASH score of 1 or less after stopping anticoagulation	0	0