

Deep vein thrombosis and acute pulmonary embolism are two sides of the same coin. It is, in many cases, a serious condition that requires urgent treatment.

But to properly treat the disease, it is necessary to properly identify and thus early diagnosis.

In pulmonary embolism is a problem that the clinical symptoms are nonspecific and can mean a number of other serious and trivial diseases. It is therefore the

Location: choose the correct methods of investigation, which both confirms the diagnosis with high probability, but at the same time be economically and technically available for all patients.

The aim of each medical specialty is preventing the emergence of diseases, so even in the case of thromboembolic disease in the first place its prevention. We know a number of risk factors that contribute to the formation of disease, but we also learned how to prevent them using prophylaxis in risk groups of patients. Great interest for this are mainly surgical

Domains because many surgical procedures increase the possibility of deep venous thrombosis and pulmonary embolism.

The next step is the secondary prevention, thus preventing recurrent episodes of venous thromboembolism (VTE), which may lead to pulmonary hypertension, which only worsens the quality of life of the patient, but may end his deaths. It is therefore necessary to know the processes which follow embolization and find means to influence them. Not always is to restore perfusion of the pulmonary artery and complete different people in different ways it takes a long time despite adequate treatment. perfusion scintigraphy

We can help you find answers to some questions. The more we can use

seen in the determination of the new "standard" for patients after embolism, which prevents erroneous

interpretation of the findings as new episodes of embolism and unnecessary treatment of a patient anticoagulants.