

Appendix 6 – A Guideline on the Value of D-dimer Test in Diagnosis of VTE

A negative D-dimer test is very useful **EXCLUDING** VTE in patients with low probability (**Wells score**) of VTE, negating the need for imaging.

Patients with HIGH probability of VTE should proceed directly to imaging, without the need to do D-Dimer test.

Although a POSITIVE D-dimer test has very high sensitivity (close to 100%) in patients with VTE, the test has low specificity (less than 40%), meaning that there are a multitude of other causes that can result in a raised D-dimer test in ABSENCE of VTE. Many of the latter are themselves risk factors for developing VTE.

They include:

- 1- **Recent trauma/ Surgery (up to few weeks).**
- 2- **Pregnancy and peripartum.**
- 3- **Malignancy especially metastatic disease.**
- 4- **Sepsis and inflammatory conditions.**
- 5- **Hepatic and Renal diseases.**

In addition, **false positive** (raised) D-dimer can be seen in patients with **Jaundice (T.Bili >50), and/or Hyperlipidaemia.**

It is critically important that the above is taken into consideration when requesting/ interpreting results of D-dimer test (see Appendix 5 for further details).

A positive diagnosis of VTE can ONLY be confirmed by a positive imaging (Doppler ultrasound, CTPA or V/Q scan), and NOT by a positive D-dimer.