

Ioannis Pantazopoulos¹, Konstantinos Gourgoulialis²

¹Department of Emergency Medicine, University of Thessaly, School of Medicine, General Hospital of Larisa, Larisa, Greece

²Department of Respiratory Medicine, University of Thessaly, School of Medicine, General Hospital of Larisa, Larisa, Greece

Should I stay or should I go? Pulmonary embolism and air travel

Sir,

The global rise in air travel, with over 3.97 billion people traveling by air each year, and the aging population, increase the number of those with an illness who wish to travel [1]. Even more, in countries like Greece with hundreds of islands, health professionals are frequently asked to assess a patient's fitness to fly. Doctors can receive advice and guidance mainly from two sources: the IATA passenger medical clearance guidelines and the Aerospace Medical Association in which the British Thoracic Society's recommendations for air travel are suggested [2, 3].

Many respiratory conditions can affect a passenger's fitness to fly with pulmonary embolism being the most debatable [3]. A major question that respiratory physicians frequently have to answer, mostly with visitors from overseas who need to be repatriated following diagnosis of pulmonary embolism, is about the right time to "fly with a clot". The British Thoracic Society guidelines recommend against airline travel during the first four weeks following pulmonary embolism [3]. On the other hand, in the IATA medical guidelines published in 2018, it is suggested that patients can fly 5 days after an acute pulmonary embolism episode if they receive anticoagulation and their PaO₂ is normal on room air [2]. Although there is little scientific evidence to support the above mentioned recommendations, the huge difference in the suggested period can really confuse healthcare professionals. Moreover, asking patients-tourists to remain in a travel destination one month more than scheduled, launches their cost of stay and many times they are proven unable to follow this recommendation.

In our opinion, one size does not fit all. The 4-week period seems too long for a patient with pul-

monary embolism severity index I or II, no evidence of right ventricular dysfunction on an imaging test, negative laboratory biomarkers on presentation (low-risk patient) and a normal PaO₂ on room air [4]. On the other hand, the 4-week period and even more, the 5-day period may be too short for a patient with pulmonary embolism severity index III–V, evidence of right ventricular dysfunction on an imaging test and positive laboratory biomarkers on presentation (intermediate high-risk patient), who has a significantly higher mortality rate during the first thirty days even without traveling [4].

Thus, we believe that the risk of flying after being diagnosed with pulmonary embolism is not the same for all patients and in every case we should take into consideration the risk stratification on presentation and the PaO₂ level. Further carefully designed studies taking into account risk stratification will give the answer to the tough question "should I stay or should I go" after pulmonary embolism.

Conflict of interest

None declared.

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Address for correspondence: Ioannis Pantazopoulos, Department of Emergency Medicine, University of Thessaly, School of Medicine, General Hospital of Larisa, Mezourlo, Larisa, Greece; e-mail: pantazopoulosioannis@yahoo.com
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