Introduction

This, the second monograph in a four-part series on venous thromboembolic disease, is centered around diagnostic approaches to patients with venous thromboembolism. Detailed descriptions of duplex ultrasonography, contrast venography, and emerging diagnostic modalities, including computerized tomographic angiography for diagnosis of pulmonary embolism, and D-dimer assays are provided, along with diagnostic algorithms. As in the preceding monograph, which covered the epidemiology, risk factors, and natural history, the objective of these supplements is to provide a current review applicable to the identification and management of venous thromboembolic states in primary care practice. These disorders, which affect millions of people (especially those predisposed by serious illness, major surgery, intrinsic venous disease or hypercoagulable states), are responsible for considerable mortality and disability.

The premise underlying this series is that, as with most vascular diseases, responsibility for recognition and prevention of venous thromboembolism in patients at risk is mainly in the hands of the primary care physician. These supplements have, therefore, been written with the needs of the practitioner in mind, aiming to provide a comprehensive compendium of practical information based whenever possible on data from well-designed clinical trials so that recommendations parallel widely-accepted clinical practice guidelines. Areas of controversy are identified as such, and when there is no consensus about optimum management, pragmatic approaches are offered.

For all of the monographs we have selected guest editors who are widely recognized specialists in their respective topic areas, and asked them to guide the selection of authors for each detailed clinical review. A board jointly selected by the Society for Vascular Medicine and Biology and the editors of Circulation has reviewed each manuscript.

Future issues in this series will review alternative strategies for prevention and management of venous thromboembolic disease. Although effective prophylaxis against venous thromboembolism is available in the form of a variety of antithrombotic agents, these drugs carry a risk of bleeding that make judicious use dependent on appropriate assessment of patient-specific thromboembolic risk. When preventive strategies fail or are overlooked, the problem of venous thromboembolism similarly requires a risk-based therapeutic approach. Hence, a comprehensive review of therapeutic alternatives completes the series. Comparisons of low-molecular-weight heparins to unfractionated heparin, the use of oral vitamin K antagonists, and such emerging avenues as direct thrombin inhibitors and synthetic pentasaccharides round out the analysis of current algorithms.

We hope this series of monographs provides for primary care physicians and specialists alike a comprehensive resource for current strategies in the diagnosis and management of this common and debilitating disease, fostering improved patient care.

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