

ACP advises point-of-care ultrasound to aid diagnosis of dyspnea

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(HealthDay)—For patients with acute dyspnea with diagnostic

uncertainty, point-of-care ultrasound (POCUS) can be a helpful addition to the standard diagnostic pathway, according to a new clinical guideline issued by the American College of Physicians and published online April 27 in the *Annals of Internal Medicine*.

Gerald Gartlehner, M.D., M.P.H., from Danube University Krems in Austria, and colleagues conducted a [systematic review](#) to examine the benefits, harms, and diagnostic test accuracy of POCUS in patients with acute dyspnea. Data were included from five randomized controlled trials and 44 prospective cohort-type studies. The researchers found that for patients with dyspnea, the addition of POCUS to a standard diagnostic pathway yielded statistically significantly more correct diagnoses than the standard diagnostic pathway alone. In most, but not all studies, POCUS consistently improved the sensitivities of standard diagnostic pathways to detect [congestive heart failure](#), pneumonia, [pulmonary embolism](#), pleural effusion, or pneumothorax.

Based on these findings, Amir Qaseem, M.D., Ph.D., from the American College of Physicians in Philadelphia, and colleagues recommend the use of POCUS in addition to the standard diagnostic pathway among patients with acute dyspnea in the [emergency department](#) or inpatient setting for whom there is diagnostic uncertainty.

"This recommendation applies to clinical scenarios where there is diagnostic uncertainty," Qaseem and colleagues write. "Clinicians should understand and consider that the test accuracy of POCUS varies according to the likelihood of underlying diseases."

More information: [Clinical Guideline Evidence Report \(subscription or payment may be required\)](#)

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