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**EVOLIUCINĖ MEDICINA:
ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA
BESIKEIČIANČIOJE APLINKOJE**

**EVOLUTIONARY MEDICINE:
PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH
CONSEQUENCES IN A CHANGING ENVIRONMENT**

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UNDERSTANDING RECURRENT PULMONARY EMBOLISM: POSSIBLE CAUSES

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Background and Aim: Pulmonary embolism (PE) is a life-threatening disease. Recurrent PE is associated with a higher risk of death and adverse clinical outcomes. Several risk factors for PE recurrence have been identified, and prolonged anticoagulant therapy recommended for selected patients. Nevertheless, recurrent PE still occurs. Therefore, the causes of recurrent PE are not fully understood. This study aimed to identify possible causes of recurrent PE.

Materials and Methods: A prospective study was conducted at Vilnius University Hospital Santaros Klinikos. Patients after a first episode of acute PE were enrolled. Follow-up visits were scheduled to guide anticoagulant therapy based on PE risk factors, thrombus resolution time, and complications of anticoagulant therapy. Recurrent PE events were recorded and analysed.

Results: A total of 201 consecutive patients were included (50.2% male; median age 65 years [IQR 53–75]). Recurrent PE occurred in 29 (14.4%) patients. The median time to recurrence was 26 months (IQR 10–53). Notably, more than one-third of all recurrences (37.9%) occurred during ongoing anticoagulant therapy. In 9 cases (31.0%), recurrence was associated with patient-initiated discontinuation of anticoagulant therapy, while in 2 cases (6.9%) it was related to inadequate anticoagulation with warfarin. The remaining 18 recurrences (62.1%) occurred after completion of anticoagulant treatment. Of these, 3 cases (10.3% of all recurrences) were associated with the absence of thromboprophylaxis following surgical procedures. In 15 patients (51.7%), no clear cause of recurrence was identified. Initial PE severity, comorbidities, and laboratory findings were not associated with PE recurrence in these cases.

Conclusions: Despite follow-up, recurrent PE occurred in 14.4% of patients. A considerable proportion of recurrences were associated with patient-initiated discontinuation of anticoagulant therapy, while others were related to the absence of appropriate thromboprophylaxis. These findings emphasise that prevention of recurrent PE requires not only assessment of established risk factors, but also patient education, treatment adherence, and appropriate thromboprophylaxis.

Keywords: anticoagulants, pulmonary embolism, recurrence, venous thromboembolism, treatment adherence