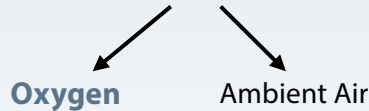


Does Supplemental Oxygen Improve Echocardiographic Parameters in Nonhypoxemic Patients With Intermediate-Risk Pulmonary Embolism?

STUDY DESIGN

Pilot study randomly assigned nonhypoxemic **stable pulmonary embolism with echocardiographic right ventricle (RV) enlargement** to receive anticoagulation for 48 hours with either:



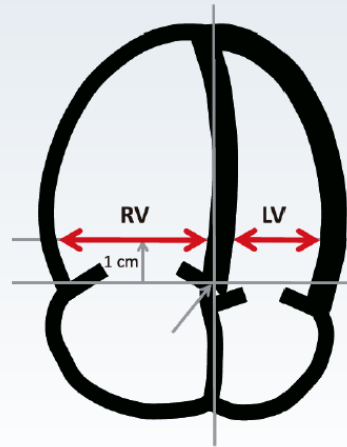
1° outcome

- Normal RV size after 48 hours

2° efficacy outcomes

- Numerical change in RV/left ventricle (LV) diameter ratio at 48 hours and 7 days

Study was prematurely stopped due to COVID-19 pandemic



RESULTS

	Oxygen (n=33)	Ambient Air (n=37)
Normalization of RV after 48 hours not significant between the groups ($P = .08$)	14 (42.4%)	8 (21.6%)
Change in RV/LV ratio (baseline to 48 hours) was significant	1.28 to 1.01 $P < .001$	1.21 to 1.08 $P < .01$
Adverse events	None	1 major bleeding 1 death

In analyses limited by a small cohort, supplemental oxygen did not significantly increase the proportion of patients with nonhypoxemic intermediate-risk pulmonary embolism who normalized their RV/LV ratio after 48 hours. Improvement in some ancillary efficacy outcomes was noted.