   Grade F. Quality Outstanding. Review Article

   Grade D. Quality Outstanding

   Grade F. Quality Outstanding. Review Article/Meta-analysis Review

Avgerinos et al. Improved early right ventricular function recovery but increased complications with catheter-directed interventions compared with anticoagulation alone for submassive pulmonary embolism. July 2016. JOURNAL OF VASCULAR SURGERY: VENOUS AND LYMPHATIC DISORDERS. Volume 4, Number 3
   Grade D. Quality Outstanding


   Grade D. Quality Outstanding

   Grade F. Quality Outstanding

   Grade D. Quality Outstanding

   Grade A. Quality Outstanding

   Grade E. Quality Adequate

   Grade E/F. Quality Adequate. Treatment option after failed thrombolitics

   Grade A/B. Quality Outstanding. Subgroup analysis.

Grade D. Quality Outstanding

Grade D. Quality Adequate

Grade D. Quality Outstanding

Grade E. Quality Poor

Grade D. Quality Outstanding

Grade D. Quality Outstanding

Jain et al. Unloading of Right Ventricle and Clinical Improvement after Ultrasound-Accelerated Thrombolysis in Patients with Submassive Pulmonary Embolism. Case Reports in Medicine Volume 2014
Grade E. Quality Outstanding

Grade E. Quality Good

Grade D/E. Quality Outstanding

Grade A. Quality Outstanding

Konstantinidis et al. Prevention of early complications and late consequences after acute pulmonary embolism: Focus on reperfusion techniques. Thrombosis Research. 2017
Grade F. Quality Outstanding
  Grade F. Quality Outstanding

  Grade D. Quality Good/Adequate

Liang et al. Midterm outcomes of catheter-directed interventions for the treatment of acute pulmonary emboli
  Grade D. Quality Outstanding

  Grade F. Quality Outstanding

  Grade D. Quality Outstanding

  Not relevant.

  Grade A/B. Quality Outstanding

  Grade F. Quality Outstanding

  Grade D. Quality Outstanding

Mostafa et al. Treatment of Massive or Submassive Acute Pulmonary Embolism With Catheter-Directed Thrombolysis. Am J Cardiol 2016;117:1014e 1020
  Grade F. Quality Outstanding

  Grade A. Quality Adequate

Grade D. Quality Outstanding - Prospective?

Ramakrishnan. Thrombolysis is not warranted in submassive pulmonary embolism: a systematic review and meta-analysis. Critical Care and Resuscitation • Volume 9 Number 4 • December 2007
Grade A. Quality Poor. Not related to catheter directed

Grade A. Quality Outstanding

Grade D. Quality Outstanding

Grade F. Quality Outstanding

Grade F. Quality Outstanding

Grade F/G. Quality Outstanding

Grade D. Quality Outstanding.

Beckman, JA. Thrombolytic Therapy for Pulmonary Embolism. JAMA June 18, 2014 Volume 311, Number 23.
Grade F. Quality Outstanding

Braddock et al. Benefits and Risks Associated With Thrombolysis for Pulmonary Embolism. JAMA October 15, 2014 Volume 312, Number 15
Grade F. Quality Outstanding

Akl et al. Review: In pulmonary embolism, thrombolytic therapy reduces all-cause mortality but increases major bleeding. 16 September 2014 | ACP Journal Club | Volume 161 • Number 6
Grade F. Quality Outstanding

Kuchar et al. Mechanical Catheter Intervention in Massive Pulmonary Embolism Proof of Concept. CHEST / 134 / 1 / JULY, 2008
Grade F. Quality Outstanding

Grade F. Quality Outstanding

Grade F. Quality Outstanding
Grade F. Quality Outstanding

Grade F. Quality Outstanding

Eid-Lidt et al. Combined Clot Fragmentation and Aspiration in Patients With Acute Pulmonary Embolism* CHEST 2008; 134:54–60
Grade D. Quality Poor

Grade D. Quality Outstanding

Grade B. Quality Outstanding

Grade A. Quality Outstanding

Kuo et al. Pulmonary Embolism Response to Fragmentation, Embolectomy, and Catheter Thrombolysis (PERFECT) Initial Results From a Prospective Multicenter Registry. CHEST 2015; 148 ( 3 ): 667 - 673
Grade A. Quality Good

Grade D. Quality Outstanding

Grade F. Quality Outstanding

Grade F. Quality Good

Grade D. Quality Outstanding

Grade F. Quality Outstanding

Zuin et al. Acute pulmonary embolism after post-traumatic spinal epidural hematoma: Use of catheter-direct treatment
Grade E. Quality Outstanding


Grade F. Quality Outstanding