



Response to the Comment: "Advocating prudent D-dimer testing: constructive perspectives and comments on "How we manage a high D-dimer"

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**Response to the Comment: “Advocating prudent D-dimer testing: constructive perspectives
and comments on “How we manage a high D-dimer”**

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Dear Editor,

We would like to thank Gonzaga and de Alencas for their letter. Their comments on our review article “How we manage a high D-dimer” recently published in *Haematologica*¹ are reasonable and well circumstantiated. The main objective of our review was that of simplifying the particularly complex topic of increased D-dimer to provide a handy tool for the daily clinical practice of hematologists. The authors made two comments regarding our narrative review. Regarding their first methodological comment, we agree with Gonzaga and de Alencas that D-dimer may carry a high positive predictive value in selected pathological conditions characterized by a very high pre-test probability.² However, in our review we referred (always for reasons of practicality) to the main clinical setting for which the D-dimer is used and that of pulmonary embolism exclusion. In this setting, for the optimal patient management, an ideal D-dimer test should have a very high sensitivity and a very high negative predictive value.³

Regarding the second issue, also in this case we agree with the authors regarding the inappropriateness and overuse of D-dimer test ordering in most cases. Unfortunately, this is a widely spread practice, at least in Italy, which has been exponentially increased over the last few years (nicknamed “D-dimeritis”), particularly during the COVID-19 pandemic.⁴ It is clear, however, that an elevated D-dimer in a individual referred by the general practitioner to the hematologist cannot be ignored, but all those diagnostic procedures listed in the Figure 3 of our review¹ must be implemented to rule out or diagnose those possible underlying conditions associated with an increased D-dimer. We agree that educating general practitioners on the appropriateness of prescribing D-dimer tests is needed, but that would provide rewards only in the mid-to-long term.

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