Results 70 patients investigated for suspected PE in an acute teaching hospital during September 2010 were reviewed. Mean age 58 years (median 61), 60% female. The majority of patients presented with breathlessness (64%) and pleuritic chest pain (54%). There was no documentation of clinical probability in 69% of notes, however 75% of imaging requests had clinical probability scores recorded. Eight patients (26%) did not have any risk factors for venous thrombo-embolism. Four patients had CT pulmonary angiogram following an inconclusive perfusion scan. The majority of the patients (70%) were weighed prior to prescribing LMWH. Five (7%) patients had their weight estimated and 14 (20%) had no documentation of weight. Creatinine clearance was <30 ml/min in three patients, one patient had their LMWH adjusted accordingly. More than half of patients (55%) received incorrect dose of LMWH. No LMWH related complication was recorded in any patient.

Conclusion This small cross sectional study has limitations. Larger studies are needed to evaluate the frequency of harm associated with incorrect prescription of LMWH.

Interferon-gamma assays in TB diagnosis

**P12 ROLE OF INTERFERON GAMMA RELEASE ASSAY (QUANTIFERON—TB GOLD IN TUBE) IN BLOOD IN THE DIAGNOSTIC WORK UP OF ACTIVE TUBERCULOSIS IN A HIGH TB PREVALENCE REGION**

doi:10.1136/thoraxjnl-2011-201054c.12

1 S Kumar, 2 O Gupta, 3 I Verma, 2S K Jindal, 2R Agarwal. Institute of Liver and Biliary Sciences, New Delhi, India; 3Post Graduate Medical Education and Research, Chandigarh, India

Objective To study the role of Interferon gamma release assay (IGRA) (Quantiferon—TB Gold In Tube) in blood in the diagnostic work up of active tuberculosis (TB) in a high TB prevalence region.

Design Prospective, comparative group study.

Setting Subjects presenting to the services of the Pulmonary Medicine Department of a large tertiary care teaching hospital in northern India.

Method We prospectively enrolled, 30 cases of smear or histopathology proven newly diagnosed tuberculosis (18 pulmonary (PTB) and 12 extra-pulmonary (EPTB)) patients controls along with 30 healthy controls. All cases and controls underwent Tubercular Skin Test (TST) using 0.1 ml (1 tuberculin units) of purified protein derivative RT23 and IGRA using Quantiferon-TB-Gold In Tube assay (QFT) in blood. For TST an induration ≥10 mm was taken as positive. QFT testing was performed and interpreted as per manufacturer’s (Cellestis) instructions.

Results We studied 30 patients of active tuberculosis (18 PTB and 12 EPTB) and 30 healthy controls (14 men and 16 women, mean age 35.03±12.23 years). TST positivity had a sensitivity of 83.33% and 66.67% and specificity of 60% for both categories for the diagnosis of active PTB and EPTB respectively. In contrast QFT positivity had a sensitivity of 61.11% and 58.33% and specificity of 50% for the diagnosis of active PTB and EPTB respectively.

Conclusions In this study the QFT-IGRA had a limited overall usefulness in the diagnosis of active pulmonary and extrapulmonary TB. QFT, thus can neither be taken as rule in nor rule out test in a