Summary and Conclusion

D- dimer test is a specific degradation product of fibrin, which has a high sensitivity, moderate specificity and high negative predictive value for diagnosis or exclusion of D V T in acute symptomatic patients . It"s value varies from one study to another according to the type of D- dimer used in these studies . It cannot be stand alone ,as a safe test to exclude D V T in acute symptomatic patients with medium or high clinical probability risk

From our study and other studies it is clear that D-dimer test had different cut of values with a variable specificity, sensitivity, negative predictive value and positive predictive value and when combined with Duplex study and clinical probability ,it will yield a higher N P V that can be reached up to(100 %) .

It can safely exclude D V T in suspected cases when negative D – dimer test combined with a negative Duplex study , and low clinical probability risk

From our imaging study and other studies Contrast Venography still remains the gold standard for diagnosis of deep vein thrombosis but hazards of contrast material limits its application.

Magnetic Resonance Venography had equal sensitivity, specificity , positive predictive value and negative predictive value as that of contrast Venography, without need of contrast material with the advantage of direct imaging the thrombus but its cost , lack of expertise, metallic implants limit its application

Duplex imaging is a non invasive technique with high sensitivity ,and specificity in diagnosis of symptomatic deep vein thrombosis , its safety and easy availability makes it a modality of choice but still has some limitations to detect vein thrombosis in certain sites of the body.