

**FIEBRE EN PACIENTES CON  
ENFERMEDAD  
TROMBOEMBÓLICA VENOSA.  
RESULTADOS DEL ESTUDIO  
RIETE**

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La **fiebre** es la elevación de la temperatura corporal por encima de los límites circadianos normales, como consecuencia de un cambio ocurrido en el centro termorregulador situado en la región anterior del hipotálamo.

Las sustancias que producen fiebre se llaman pirógenos y pueden ser exógenos o endógenos.

Los pirógenos endógenos son polipéptidos elaborados por distintas células del huésped, que penetran en la circulación y producen fiebre actuando sobre el centro termorregulador del hipotálamo.

Algunos libros de texto clásicos indicaban que la fiebre era un síntoma del tromboembolismo pulmonar.



Sin embargo no en todas las series aparece la fiebre como síntoma relevante.

También hay artículos que incluyen a ETV (tanto la TVP como el TEP) como causa de fiebre de origen desconocido



Table 3  
Classic causes of fevers of unknown origin

Category	Very common	Common	Uncommon
Infectious diseases	Subacute bacterial endocarditis	Epstein-Barr virus mononucleosis (elderly)	Toxoplasmosis
	Intra-abdominal abscesses	Cytomegalovirus	Brucellosis
	Pelvic abscesses	Cat scratch disease	Q fever
	Renal/perinephric abscesses		Leptospirosis
	Typhoid/enteric fevers		Histoplasmosis
	Miliary TB		Coccidioidomycosis
	Renal TB		Trichinosis
	TB meningitis		Relapsing fever
			Rat bite fever
			Lymphogranuloma venereum
Rheumatic/inflammatory disorders	Adult Still's disease (adult juvenile rheumatoid arthritis)	Late onset rheumatoid arthritis	Chronic sinusitis
	Polymyalgia rheumatica/temporal arteritis	Systemic lupus erythematosus	Relapsing mastoiditis
		Periarteritis nodosa/microscopic polyangiitis	Subacute vertebral osteomyelitis
			Whipple's disease
			Takayasu's arteritis
			Kikuchi's disease
			Polyarticular gout
Neoplastic disorders	Lymphomas (HL/NHL)	Hepatomas/liver metastases	Pseudogout
	Hypernephromas	Myeloproliferative disorders (CML/CLL)	Familial Mediterranean fever
		Preleukemias (AML)	Sarcoidosis
		Colon carcinomas	Atrial myxomas
Miscellaneous disorders	Drug fever	Crohn's disease (regional enteritis)	Primary/metastatic CNS tumors
	Alcoholic cirrhosis	Subacute thyroiditis	
			DVTs/pulmonary emboli (small multiple/recurrent)
			Hypothalamic dysfunction
			Pseudolymphomas
			Schnitzler's syndrome
		Hyper-IgD syndrome	
		Factitious fever	



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## Fever in Acute Pulmonary Embolism\*

Paul D. Stein, Adnan Afzal, Jerald W. Henry and Carlos G. Villareal

*Chest* 2000;117:39-42  
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# Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION

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## Pulmonary Embolism and Fever: When Should Right-Sided Infective Endocarditis Be Considered?

Gaetano Nucifora, Luigi Badano, Fjoralba Hysko, Giuseppe Allocca, Pasquale  
Gianfagna and Paolo Fioretti

*Circulation* 2007;115:e173-e176

DOI: 10.1161/CIRCULATIONAHA.106.674358



## Fever in pulmonary embolism

Nurdan Kokturk<sup>a</sup>, Nalan Demir<sup>a</sup>, I. Kivilcim Oguzulgen<sup>a</sup>, Koray Demirel<sup>b</sup> and Numan Ekim<sup>a</sup>

This study was planned to investigate the characteristics of clinical and laboratory findings of patients with fever diagnosed as pulmonary embolism (PE) in comparison with PE patients without fever and patients with community-acquired pneumonia (CAP). Thirty-nine PE patients with fever without other identifiable causes (18 received antibiotics and 21 did not receive antibiotics) (study groups) were included in the study. 22 patients with PE without fever and 21 patients diagnosed with CAP were retrospectively selected as control groups. Daily peak body temperature, risk factors for PE, symptoms, and physical and laboratory findings at admission were recorded. Patients with CAP demonstrated higher body temperature than PE patients with fever ( $38.5 \pm 0.6$  versus  $37.8 \pm 0.6^\circ\text{C}$ ,  $P = 0.0001$ ).

Fever patterns were similar between the three groups of patients who had fever. The leukocyte count and the erythrocyte sedimentation rate (ESR) were slightly higher in the group of PE with fever versus PE without fever ( $11\,465.6 \pm 4229.4/\text{mm}^3$ ,  $51.1 \pm 34.7/\text{mm}/\text{h}$  versus  $10\,777.3 \pm 4927.6/\text{mm}^3$ ,  $35.2 \pm 30.1/\text{mm}/\text{h}$ , respectively) ( $P > 0.05$ ). The group of CAP showed significantly highest

values of leukocyte count and ESR ( $15\,490.5 \pm 5606.3/\text{mm}^3$ ,  $69.1 \pm 35.9/\text{mm}$  per h, respectively) ( $P < 0.05$ ). This study suggested that fever might accompany with PE. The presence of slight leukocytosis and increased ESR may not securely differentiate PE patients with fever from patients with CAP. *Blood Coagul Fibrinolysis* 16:341–347 © 2005 Lippincott Williams & Wilkins.

*Blood Coagulation and Fibrinolysis* 2005, 16:341–347

Keywords: fever, pulmonary embolism

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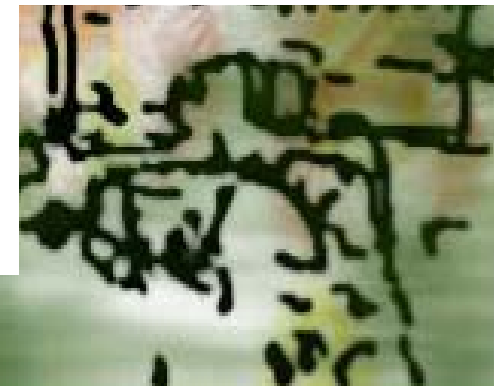


## The Value of Serum Procalcitonin in Differential Diagnosis of Pulmonary Embolism and Community-Acquired Pneumonia

Nurdan Köktürk, MD<sup>1</sup>, Asiye Kanbay, MD<sup>1</sup>,  
Neslihan Bukan, MD<sup>2</sup>, and Numan Ekim, MD<sup>1</sup>

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that fever might accompany with PE. The leukocytosis and increased ESR may not differentiate PE patients with fever from patients with Coagul Fibrinolysis 16:341-347 © 2005 SAGE Publications & Wilkins.

## Do Patients with Acute Deep Vein Thrombosis Have Fever?

ANDRIS KAZMERS, M.D., M.S.P.H., HARVEY GROEHN, B.A., R.V.T., CHRIS MEEKER, R.V.T.

From the Vascular Surgery Laboratory, Harper Hospital, and Division of Vascular Surgery, Wayne State University School of Medicine, Detroit, Michigan

Findings at admission were recorded. Patients with CAP demonstrated higher body temperature than PE patients with fever (38.5 ± 0.6 versus 37.8 ± 0.6°C, P = 0.0001). Fever patterns were similar between the three groups of patients who had fever. The leukocyte count and the erythrocyte sedimentation rate (ESR) were slightly higher in

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**Estudio PIOPED:**

311 pacientes con TEP. 14% fiebre.

Tener además una TVP aumenta el riesgo de fiebre.

*La fiebre de bajo grado no es rara en pacientes con PE y la fiebre alta, aunque es más rara, puede ocurrir.*

*La presencia de fiebre no se asocia a hemorragia o infarto pulmonar.*

**Estudio Español:**

154 pacientes con TEP

28 pacientes (18.7%) tienen fiebre ( $>37^{\circ}\text{C}$ )

Los pacientes con TEP y fiebre tienen características similares y pronóstico parecido a los que no tienen **fiebre**

*Calvo-Romero JM, Lima-Rodríguez EM, Pérez-Miranda M, Bureo-Dacal P. Low-grade and high-grade fever at presentation of acute pulmonary embolism. Blood Coagul Fibrinolysis. 2004 Jun;15(4):331-3.*

**Estudio Turko:**

39 pacientes con TEP y fiebre.

22 pacientes con TEP sin fiebre.

21 pacientes con neumonía

*La fiebre puede ser un síntoma acompañante del TEP. La leucocitosis y la VSG no sirve para diferenciar el TEP con fiebre de la neumonía.*

Kokturk N. Demir N. Oguzulgen IK. Demirel K. Ekim N.  
**Fever in pulmonary embolism.** *Blood Coag Fibrinolysis.*  
2005 Jul;16(5):341-7

## **Estudio Cirujanos**

1847 pacientes con sospecha de TVP

228 tuvieron una TVP confirmada por eco. Los pacientes con TVP tuvieron 37,1°C vs 36,9°C de los que no tenían TVP.

Un 9% de los pacientes con TVP presentaron fiebre frente a un 7,5% de los que no tenían TVP ( $P > 0.05$ )

La fiebre no se considera un indicador sensible o específico para el diagnóstico de TPV.

**Do patients with acute deep vein thrombosis have fever?**

Andris Kazmers; Harvey Groehn; Chris Meeker

*The American Surgeon*; Jun 2000; 66, 6; ProQuest Health and Medical Complete

Dos estudios que relacionan negativamente la presencia de fiebre con el diagnóstico de ETV (tener fiebre va en contra de tener una ETV en pacientes con sospecha).

**Simple and Accurate Prediction of the Clinical Probability of Pulmonary Embolism** *American Journal of Respiratory and Critical Care Medicine* Vol 178. pp. 290-294. (2008)

**Fever deep venous thrombosis** *Ann Vasc Surg.* 2007 Jul;21(4):490-5. Epub 2007 Feb 26



## *Hipótesis*

Algunas series han demostrado la presencia de fiebre en pacientes con ETV, por si la fiebre está causada por la ETV o no es algo que no está claro.

La mayoría de los estudios no tienen el tamaño muestral suficiente como para demostrar si la fiebre, per se, puede considerarse un factor de riesgo independiente de mal pronóstico

# ***Impresión subjetiva***

*“Los pacientes con fiebre  
tienen un cuadro de  
enfermedad  
tromboembólica más  
grave”*



## ***Hipótesis de trabajo***

- La fiebre es un factor de mal pronóstico en los pacientes con ETV.

## ***Objetivos***

- Ver la prevalencia de la fiebre en un registro de pacientes con ETV
- Demostrar si la fiebre es un factor de mal pronóstico en la ETV
- Valorar si hay diferencias en cuanto a la presentación de la ETV y la presencia de fiebre



## RIETE

Analizamos 28,137 pacientes con un diagnóstico de ETV incluidos en el RIETE desde marzo 2000 hasta agosto 2009.

De ellos 2,128 (7.7%) presentaban fiebre al ingreso.

El dato de la temperatura (variable crítica) estaba registrado en el 98.1%

Fiebre registrada en el  
7.7% de los casos

**RIETE**

	<b>TVP</b>	<b>TEP</b>	<b>TVP+TEP</b>
<b>TOTAL</b>	14.480	8.440	4.674
<b>FIEBRE</b>	707 (4.9%)	900 (10.7%)	521 (11.1%)



## Comparación entre pacientes con y sin fiebre

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>P</b>
<b>Edad (años)</b>	<b>63.9</b>	<b>68.7</b>	<b>&lt;0.001</b>
Peso (kg)	73.4	74.1	0.076
Hemoglobina (gr/dl)	13.34	13.46	0.479
Leucocitos (x1000/mm <sup>3</sup> )	23.31	18.89	0.557
Plaquetas (x1000/mm <sup>3</sup> )	532	322	0.816
<b>Fibrinógeno (mg/dl)</b>	<b>1.52</b>	<b>1.40</b>	<b>&lt;0.001</b>

## Comparación entre pacientes con y sin fiebre

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>	<b>P</b>
Cáncer	22.1%	21.1%	1.06 (0.9-1.2)	0.269
<b>Inmovilización</b>	<b>30.64%</b>	<b>23.8%</b>	<b>1.3 (1.2-1.4)</b>	<b>&lt;0.001</b>
<i>Inmovilización por infección</i>	<i>22.9%</i>	<i>13.8%</i>	<i>1.86 (1.21-1.46)</i>	<i>&lt;0.001</i>
<b>Hemorragia previa</b>	<b>4.2%</b>	<b>2.3%</b>	<b>1.7 (1.4-2.2)</b>	<b>&lt;0.001</b>
<b>Antecedente cirugía</b>	<b>17.5%</b>	<b>11.9%</b>	<b>1.5 (1.4-1.7)</b>	<b>&lt;0.001</b>
<b>Antecedente ETV</b>	<b>12.9%</b>	<b>15.9%</b>	<b>0.7 (0.6-0.9)</b>	<b>&lt;0.001</b>
<b>Embarazo</b>	<b>2.0%</b>	<b>4.2%</b>	<b>0.5 (0.2-0.9)</b>	<b>0.03</b>
<b>Enf. concomitante</b>	<b>69.7</b>	<b>67.2</b>	<b>1.12 (1.02-1.24)</b>	<b>&lt;0.001</b>

## *Análisis univariado: global*

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>
Recidiva 15 días	0.8%	0.8%	1.00 (0.96-1.04)
Hemorragia 15 días	2.9%	2.4%	1.01 (0.99-1.04)
<b>Exitus 15 días</b>	<b>4.4%</b>	<b>3.0%</b>	<b>1.03 (1.01-1.04)</b>

casos:27,594



## Análisis multivariado (15 días): global

	OR	IC95%		P
Edad	1,037	0,898	1,196	0,622
Sexo	1,041	1,035	1,048	0,000
<b>FIEBRE</b>	<b>1,450</b>	<b>1,155</b>	<b>1,821</b>	<b>0,001</b>
Hrr previa	1,748	1,287	2,374	0,000
Cáncer	4,152	3,601	4,788	0,000
Cirugía	3,004	2,604	3,467	0,000
Inmov	0,540	0,421	0,694	0,000
Antec trombosis	1,037	0,898	1,196	0,622

## *Análisis univariado: TVP*

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>
Recidiva 15 días	1.1%	0.7%	1.03 (0.97-1.09)
Hemorragia 15 días	1.7%	1.8%	0.99 (0.97-1.02)
<b>Exitus 15 días</b>	<b>3.7%</b>	<b>1.6%</b>	<b>1.06 (1.02-1.11)</b>

casos:14.480

## Análisis multivariado (15 días): TVP

	OR	IC95%		P
Edad	0,827	0,634	1,080	0,163
Sexo	1,043	1,032	1,054	0,000
<b>FIEBRE</b>	<b>1,992</b>	<b>1,288</b>	<b>3,079</b>	<b>0,002</b>
Hrr previa	2,317	1,417	3,788	0,001
Cáncer	6,604	5,048	8,640	0,000
Cirugía	1,048	,681	1,612	0,832
Inmov	4,173	3,176	5,483	0,000
Antec trombosis	0,587	0,371	0,930	0,023

## *Análisis univariado: TVP*

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>
Recidiva 1m	2.1%	1.1%	1.03 (0.99-1.09)
Hemorragia 1m	2.3%	2.6%	0.99 (0.97-1.01)
<b>Exitus 1m</b>	<b>5.8%</b>	<b>2.9%</b>	<b>1.05 (1.02-1.08)</b>

## Análisis multivariado (1m): TVP

	OR	IC95%		P
Sexo	0,960	0,783	1,175	0,690
Edad	1,034	1,026	1,042	0,000
<b>FIEBRE</b>	<b>1,819</b>	<b>1,274</b>	<b>2,596</b>	<b>0,001</b>
Hrr previa	2,238	1,491	3,360	0,000
Cáncer	8,457	6,858	10,428	0,000
Cirugía	0,830	0,588	1,172	0,290
Inmov	3,831	3,112	4,715	0,000
Antec trombosis	0,534	0,375	0,762	0,001

## *Análisis univariado: TVP con o sin TEP*

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>
Recidiva 15 días	1.0%	0.7%	1.02 (0.97-1.07)
Hemorragia 15 días	2.2%	2.0%	1.00 (0.97-1.03)
<b>Exitus 15 días</b>	<b>4.3%</b>	<b>2.2%</b>	<b>1.06 (1.02-1.09)</b>

**19.541 casos**

## Análisis multivariado (15 d): TVP

	OR	IC95%		P
Edad	0,927	0,760	1,129	0,451
Sexo	1,039	1,031	1,047	0,000
FIEBRE	1,505	1,102	2,056	0,010
Hrr previa	2,229	1,513	3,285	0,000
Cáncer	5,631	4,617	6,868	0,000
Cirugía	0,948	0,684	1,315	0,751
Inmov	3,632	2,972	4,439	0,000
Antec trombosis	0,467	0,326	0,670	0,000

## *Análisis univariado: TVP con o sin TEP*

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>
Recidiva 1m	2.0%	1.2%	1.03 (0.99-1.09)
Hemorragia 1m	2.7%	2.8%	0.99 (0.97-1.01)
<b>Exitus 1m</b>	<b>6.2%</b>	<b>3.6%</b>	<b>1.04 (1.02-1.07)</b>

**19.541 casos**



## Análisis multivariado (15 d): TVP

	OR	IC95%		P
Sexo	1,034	,882	1,212	0,680
Edad	1,033	1,027	1,040	0,000
<b>FIEBRE</b>	<b>1,395</b>	<b>1,070</b>	<b>1,818</b>	<b>0,014</b>
Hrr previa	2,167	1,556	3,018	0,000
Cáncer	7,275	6,187	8,554	0,000
Cirugía	0,799	0,609	1,049	0,107
Inmov	3,481	2,961	4,093	0,000
Antec trombosis	0,510	0,388	0,671	0,000

Los pacientes con TVP y fiebre fallecen más que los pacientes que no tiene fiebre, independientemente de otros factores de riesgo.



*La fiebre podría considerarse un factor de mal pronóstico en pacientes con TVP*



## *Análisis univariado: TEP*

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>
Recidiva 15 días	3.8%	3.1%	1.02 (0.97-1.07)
Hemorragia 15 días	0.6%	0.8%	0.97 (0.90-1.04)
<b>Exitus 15 días</b>	<b>4.4%</b>	<b>4.9%</b>	<b>0.99 (0.95-1.02)</b>

## Análisis multivariado (15 d): TEP

	OR	IC95%		P
Sexo	1,098	0,888	1,357	0,389
Edad	1,036	1,027	1,046	0,000
<b>FIEBRE</b>	<b>1,012</b>	<b>0,718</b>	<b>1,425</b>	<b>0,946</b>
Hrr previa	1,279	0,754	2,168	0,361
Cáncer	3,194	2,574	3,962	0,000
Cirugía	0,661	0,455	0,961	0,030
Inmov	2,522	2,042	3,116	0,000
Antec trombosis	0,646	0,455	0,918	0,015

## Análisis univariado: TEP

	<b>FIEBRE</b>	<b>NO FIEBRE</b>	<b>OR</b>
Recidiva 1m	4.8%	3.9%	1.02 (0.98-1.06)
Hemorragia 1m	0.9%	1.1%	0.97 (0.91-1.04)
<b>Exitus 1m</b>	6.6%	6.5%	1.00 (0.97 -1.03)

8,596 casos

## Análisis multivariado (1 mes): TEP

	OR	IC95%		P
Sexo	0,979	0,814	1,177	0,823
Edad	1,039	1,031	1,047	0,000
FIEBRE	1,125	0,842	1,504	0,426
Hrr previa	1,370	0,864	2,172	0,180
Cáncer	3,846	3,187	4,641	0,000
Cirugía	0,534	0,378	0,753	0,000
Inmov	2,492	2,069	3,001	0,000
Antec trombosis	0,722	0,539	0,967	0,029

Los pacientes con TEP aislado y fiebre no tienen peor pronóstico que los pacientes sin fiebre.





# Conclusiones

A watercolor illustration of a town with a prominent church tower. The buildings are rendered in warm, earthy tones like reds, oranges, and browns, with dark outlines. The background shows a hazy, light-colored sky and distant hills. The style is soft and painterly.

**Un 7.7% de los  
pacientes con ETV  
tienen fiebre.**

La fiebre es más frecuente en los pacientes con TVP+TEP, seguidos de los pacientes con TEP y de los que tienen TVP.

# Conclusiones



Los pacientes que tienen TVP, con o sin TEP diagnosticado, tienen peor pronóstico si en el momento del diagnóstico tienen fiebre, independientemente de otros factores de riesgo, ya que sus posibilidades de morir a los 15-30 días son superiores.

