

European Respiratory Society Annual Congress 2013

Abstract Number: 4882

Publication Number: P2644

Abstract Group: 4.3. Pulmonary Circulation and Pulmonary Vascular Disease

Keyword 1: Pulmonary hypertension **Keyword 2:** Viruses **Keyword 3:** Orphan disease

Title: Pulmonary hypertension in HIV positive patients: Western India experience

Dr. Mandar 33749 Kubal drmandark@gmail.com MD ¹ and Dr. Kavita 33750 Mody kavitamody@gmail.com MD ². ¹ Infectious Diseases, Infectious Diseases & Pulmonary Care Pvt Ltd, Mumbai, Maharashtra, India and ² Chest & TB, Infectious Diseases & Pulmonary Care Pvt Ltd, Mumbai, Maharashtra, India .

Body: Introduction: Pulmonary hypertension has to be screened for in every HIV infected patients presenting with clinical symptoms. Aim: To study the etiology of pulmonary hypertension in HIV infected patients presenting with signs and symptoms in an outpatient clinic. Methods: Out of 150 patients presenting with respiratory complaints, 50 patients identified to have pulmonary hypertension (mean PAP > 25 mm Hg) on trans thoracic echo underwent a detailed history, physical exam and investigations. Results: Out of the 50 patients (20 males & 30 females) 50% had mild PH (avg mPAP 32), 40% had moderate PH (avg mPAP 51), and 10% had severe PH (avg mPAP 59). 20% were WHO functional class I, 54% class II, 20% class III and 6% in class IV. After detailed investigations, WHO Group I Pulmonary arterial hypertension (PAH) due to HIV infection was seen in 4%(n=2), due to SLE in 4%(n=2) and scleroderma in 2%(n=1) of the patients. 8%(n=4) patients had pre existing rheumatic valvular heart disease resulting in Group II PH. 70%(n=35) patients had COPD and 10%(n=5) had ILD contributing to Group III PH. 2%(n=1) of the patients were found to have chronic pulmonary thromboembolism from previous deep vein thrombosis. Conclusions: Pulmonary hypertension of diverse etiology can present in a HIV infected individual. The treating physician must do a thorough evaluation of all possible etiologies during the course of treatment. Female HIV infected patients specifically must be evaluated for autoimmune disorders also. Cardiologists should be motivated to perform right heart catheterization in suspected cases of pulmonary hypertension to pick up cases early.