European Respiratory Society Annual Congress 2013

Abstract Number: 573

Publication Number: P2628

Abstract Group: 4.3. Pulmonary Circulation and Pulmonary Vascular Disease

Keyword 1: Pulmonary hypertension Keyword 2: Imaging Keyword 3: Longitudinal study

Title: Characteristics of a stable and satisfactory condition in long term survivors of pulmonary arterial hypertension

Ms. Marielle 2220 van de Veerdonk m.vandeveerdonk@vumc.nl MD ¹, Dr. Tim 2221 Marcus jt.marcus@vumc.nl ², Mrs. Frances 2222 de Man fs.deman@vumc.nl ¹, Dr. Harm-Jan 2223 Bogaard hj.bogaard@vumc.nl MD ¹, Dr. Anco 2224 Boonstra a.boonstra@vumc.nl MD ¹, Mr. Nico 2225 Westerhof n.westerhof@vumc.nl ³ and Prof. Dr Anton 2226 Vonk Noordegraaf a.vonk@vumc.nl MD ¹. ¹ Pulmonary Diseases, VU University Medical Center, Amsterdam, Netherlands ; ² Physics and Medical Technology, VU University Medical Center, Amsterdam, Netherlands and ³ Physiology, VU University Medical Center, Amsterdam, Netherlands .

Body: Introduction The aim of the study is to perform a longitudinal data comparison between long term stable and unstable patients with pulmonary arterial hypertension (PAH). Methods Included patients were 9 long term stable (stable survivors during 10 year follow-up), 12 long term unstable (died after 8 years) and 9 short term non-survivors (died ≤1.5 years) with idiopathic PAH diagnosed between 1999-2003 and followed to 2013. All patients underwent baseline right heart catheterization, cardiac magnetic resonance and 6 minute walk testing (6MWT). Unstable patients had additional measurements after 1, 3 and 7 years and stable patients underwent further evaluation at 10 years. Results Although baseline parameters identified short term non-survivors, these characteristics did not discriminate between long term stable and unstable patients (Fig 1). During follow-up, hemodynamics and 6MWT were similar in both long term follow-up groups (Fig 1A-C). Despite similar baseline values, long term stable patients had unchanged right ventricular (RV) volumes over time whereas unstable patients showed progressive dilatation (p int: 0.03; Fig 1D). Stable patients showed a higher RV ejection fraction (RVEF) than non-stable patients at baseline and over time (p<0.05; Fig 1E).

Conclusions The absence of progressive RV dilatation and preserved RVEF predict a long term stable, satisfactory condition in PAH patients.