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Title: The role of right heart catheterization prior to initiation of PAH specific therapy

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Body: Background: Although an extensive diagnostic investigation is mandatory for suspected pulmonary hypertension, only the right heart catetherism (RHC) establishes a definite diagnosis. Objective: Evaluate the implications of RHC in the management of potential pulmonary arterial hypertension (PAH) patients, with regards to diagnosis and classification of this population. Methods: From 2008 to 2012, 340 diagnostic RHC were performed at our center. Only potential candidates for specific intervention routinely undergo RHC; thus, patients with severe left ventricular dysfunction (ejection fraction<40%) or significant impairment on pulmonary function tests (TLC<50% or FEV1<30%) are not submitted to the procedure. Clinical and hemodynamic data from these patients, and the final diagnosis according to the Dana Point Classification were reviewed. Results: Of 340 patients, 267 (78%) confirmed the presence of PH at RHC with mean age of 50 yo, female/male ratio of 3.8:1 and 42% in functional class III-IV. The most important difference between groups is related to age with older patients in groups II and III. The resulting distribution according to the final diagnosis was the following: 64% were diagnosed as PAH, 13% as PH associated to left heart disease, 7% as PH associated to lung parenchyma disease, 12% CTEPH and 3% were classified within group 5. Conclusions: The significant proportion of patients without PH or diagnosed as PH associated to left heart disease, even after extensive noninvasive investigation, strengthen the discriminative role of RHC, particularly in older patients, for whom, alternative diagnosis, other than PAH, should be appropriately excluded.