

European Respiratory Society Annual Congress 2012

Abstract Number: 70

Publication Number: P4432

Abstract Group: 4.1. Clinical physiology and Exercise

Keyword 1: Embolism **Keyword 2:** Gas exchange **Keyword 3:** Lung function testing

Title: Gas exchange abnormality during cardiopulmonary exercise test in patients with primary pulmonary hypertension

Mr. Xiaoyue 665 Tan anlifei2005@163.com ¹, Prof. Dr Jinming 666 Liu jinmingliu_sh@hotmail.com MD ², Dr. Wenlan 667 Yang welanyang888@hotmail.com ¹ and Ms. Yan 668 Zhang zhangyanyueren@163.com ¹.

¹ Department of Pulmonary Function Test, Shanghai Pulmonary Hospital, Tongji University School of Medicine, Shanghai, China, 200433 and ² Department of Respiratory Medicine, Shanghai Pulmonary Hospital, Tongji University School of Medicine, Shanghai, China, 200433 .

Body: Background: Decline in ventilation and oxygen uptake efficiency is found in patients with primary pulmonary hypertension. Such reduction may sustain from rest to exercise. Our primary hypothesis was that ratio of ventilation to CO₂ output (VE/VCO₂) and ratio of O₂ uptake / ventilation (VO₂/VE) would differ between normal subjects and patients during cardiopulmonary exercise testing (CPET). Methods: We administered incremental cycle ergometry tests to 20 normal subjects and 20 patients. We compared ratio of ventilation to CO₂ output (VE/VCO₂) and ratio of O₂ uptake / ventilation (VO₂/VE) at rest, unloaded pedaling, anaerobic threshold, and peak exercise. Results: Patients had distinguished decreased peak O₂ uptake (P<0.001). The levels and patterns of change for two groups for VE/VCO₂ and VO₂/VE were significantly distinctive. As hypothesized, the patients group always had markedly higher VE/VCO₂ and lower VO₂/VE than normal subjects group (P<0.001). In addition, the fall in VE/VCO₂ between rest and peak exercise was slight for patients. In the contrast, the VE/VCO₂ distinguishably decreased with exercise for normal subjects (P<0.001). At the same time, patients had slightly higher VO₂/VE at anaerobic threshold than rest. Comparatively, the VO₂/VE greatly increased at anaerobic threshold for normal subjects (P<0.001). Conclusions: The levels and changes in VE/VCO₂ and VO₂/VE during CPET are distinctive for patients with primary pulmonary hypertension. CPET provide valuable information for diagnosis and evaluation for primary pulmonary hypertension.