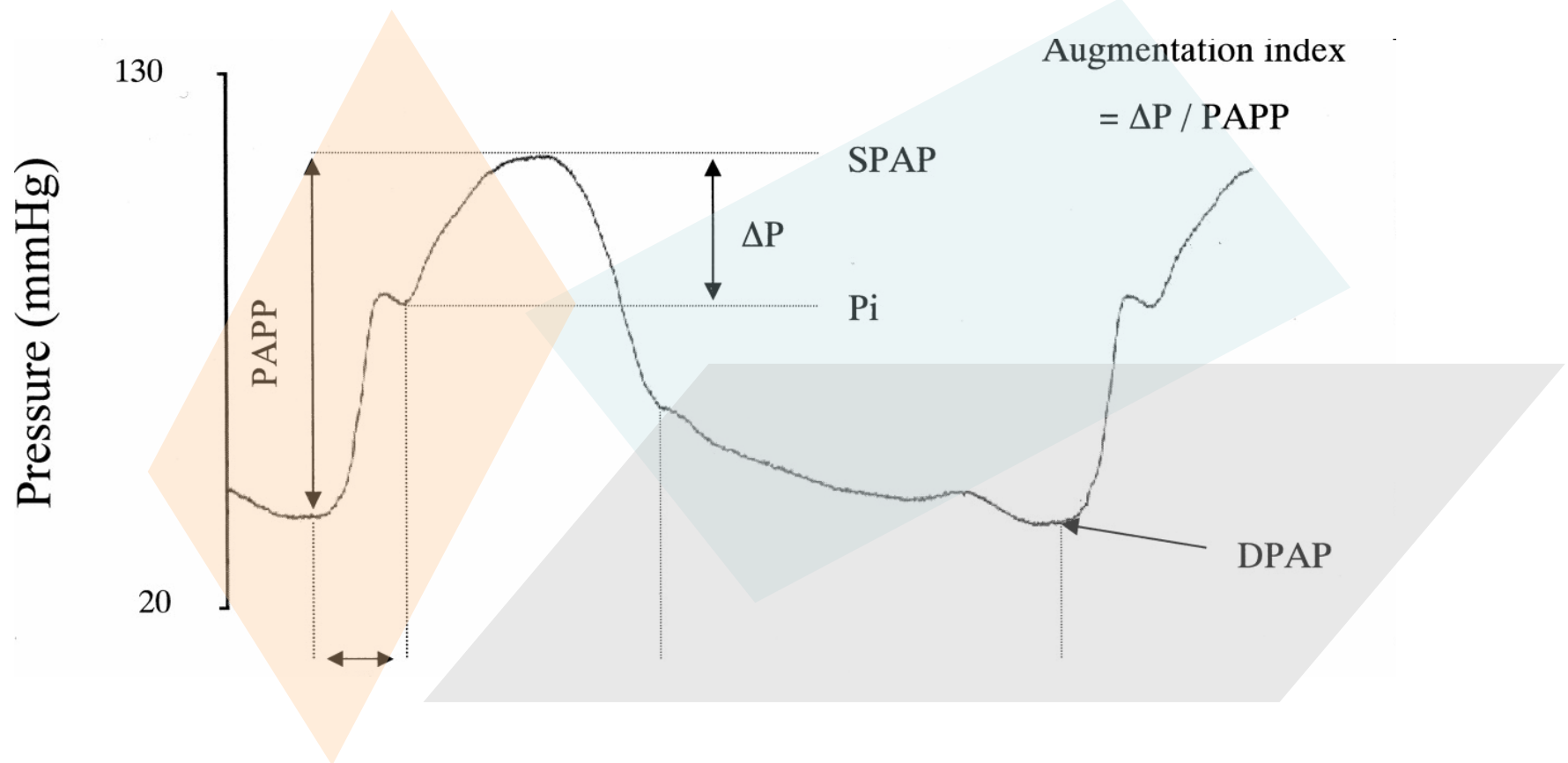


Pulmonary artery pulse pressure : A simple parameter to predict reversible PAH In Eisenmenger syndrome

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Predicting reversibility of PAH remains a difficult task

Cath derived PVR is a cumbersome and error prone procedure .

Has dangerously low reproducibility as it involves too many measurements and calculations



Bidirectional Shunt ?
Left to left shunt ?

Dissolved O₂ !
How much ?

6 Wood Units
Tiger woods ?

Hb ?

$Q_p > Q_s$
 $Q_p = Q_s$?

PVR
greater
than SVR ?

Where is
LSVC ?

Room air ?

100% O₂ !

Baby
crying !



The art of calculating complex shunts in cath lab ...

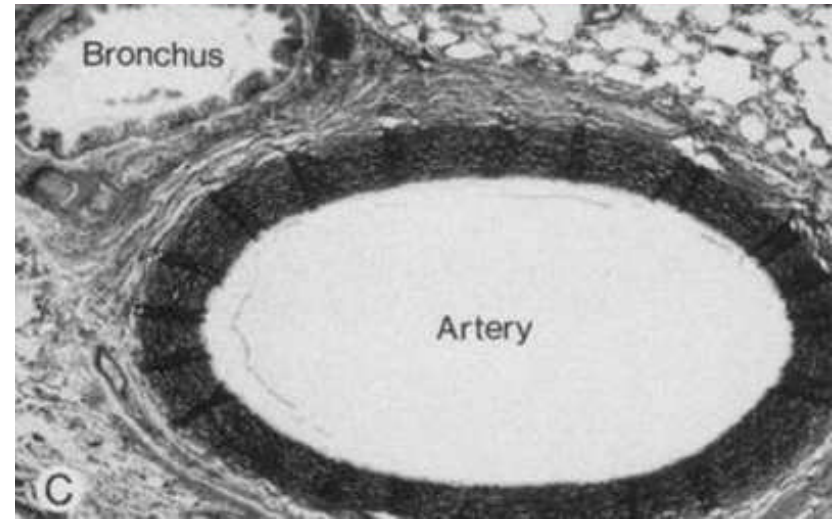
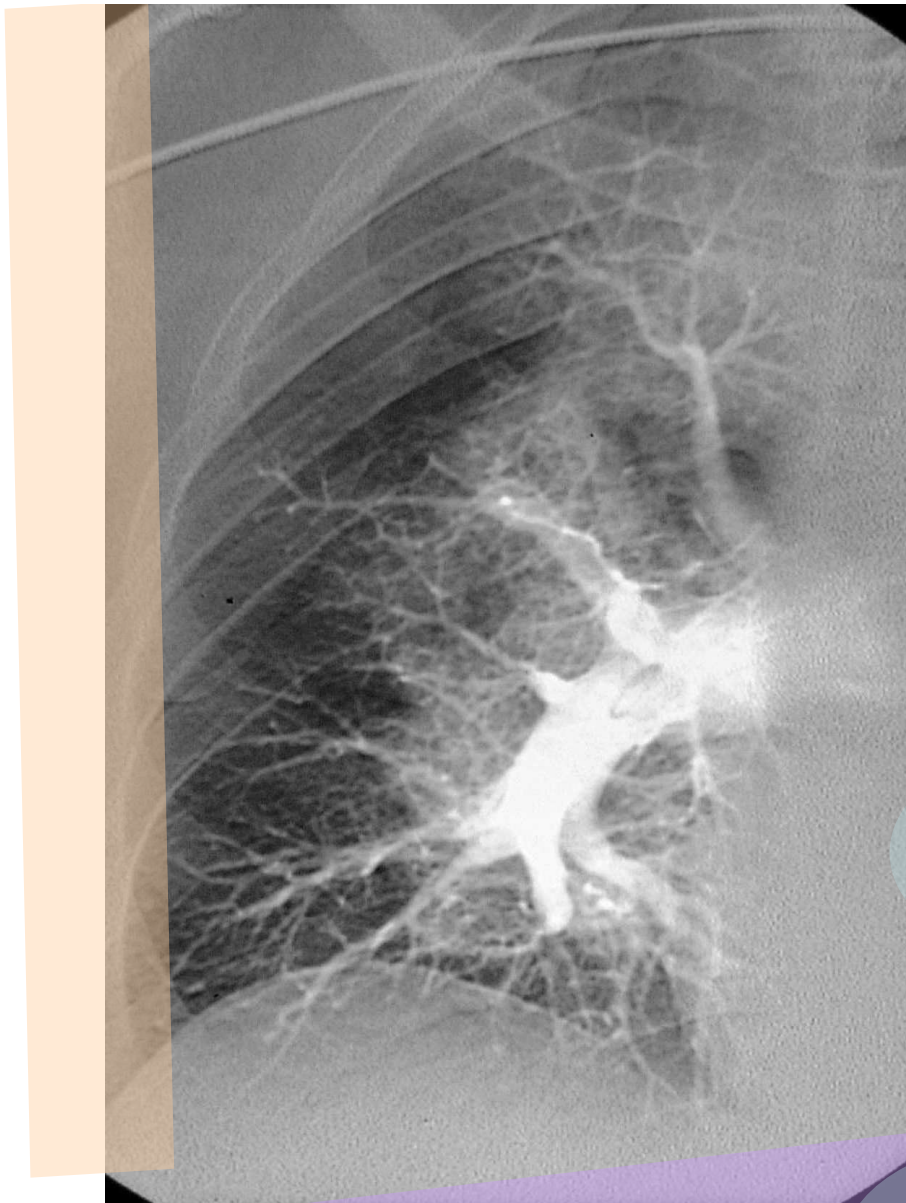
It remains a fact cath derived
PVR is a battered gold standard
(14 carrot ?)



Hence there is a need for a
simple but accurate method to
assess PAH and it's reversibility

Concept

We hypothesised *Pulmonary artery* diastolic pressure , *pulse pressure*. (PADP ,PAPP) can provide a vital predictive value in the reversibility of PAH as they are directly linked to PVR

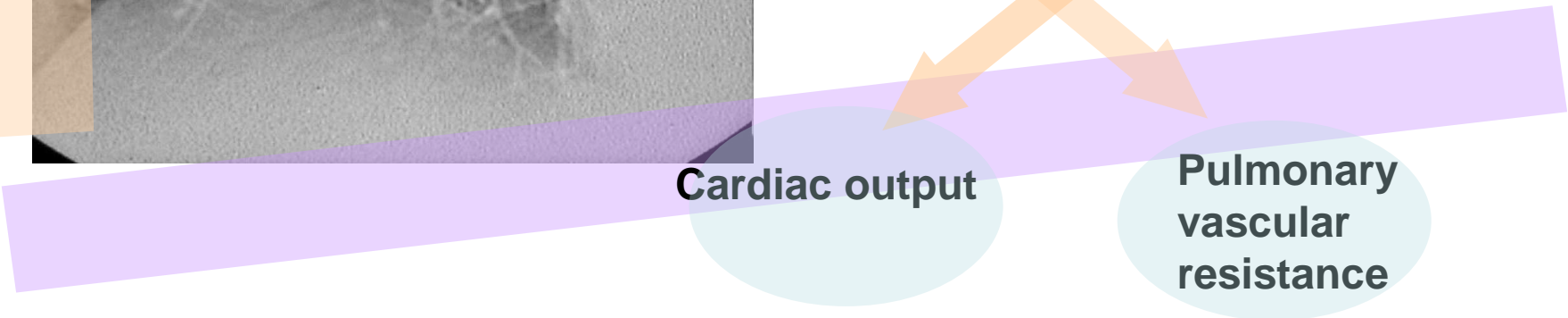


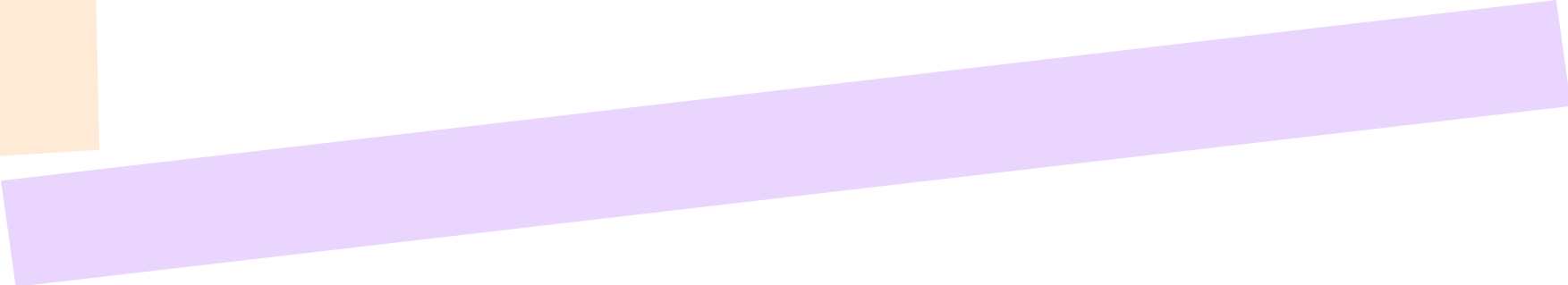
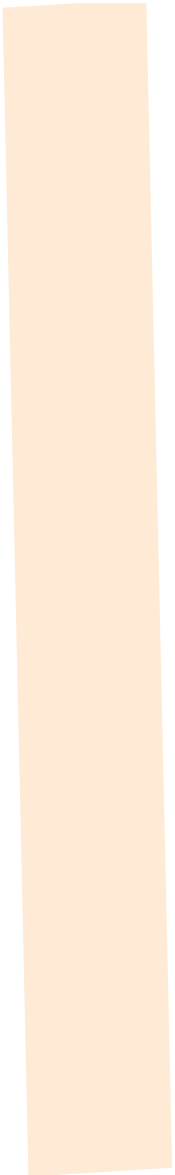
Diastolic pressure

Systolic pressure

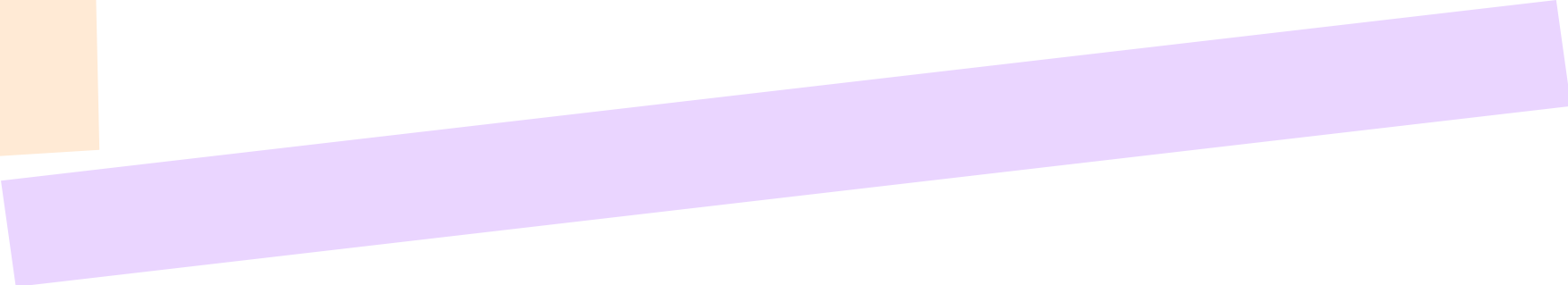
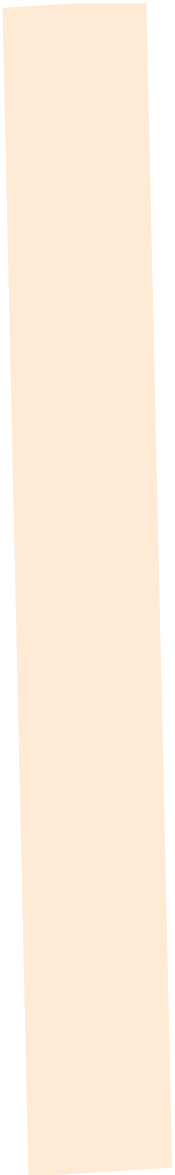
Cardiac output

Pulmonary vascular resistance





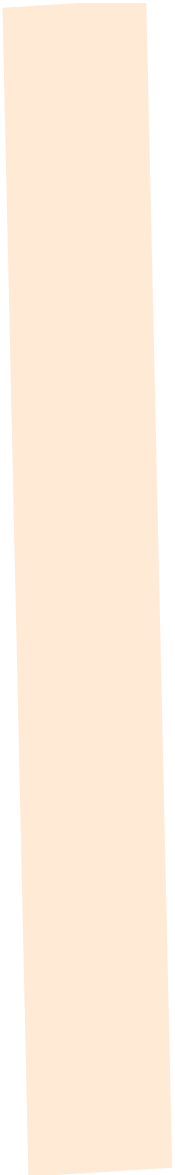
The aim of this study is to analyse the PAPAP and PADP with reference to PVR and reversibility of PAH.



5 patients with VSD -4 ,
PDA-1 with the clinical diagnosis
of Eisenmenger syndrome were
studied. They underwent
cardiac cath study .

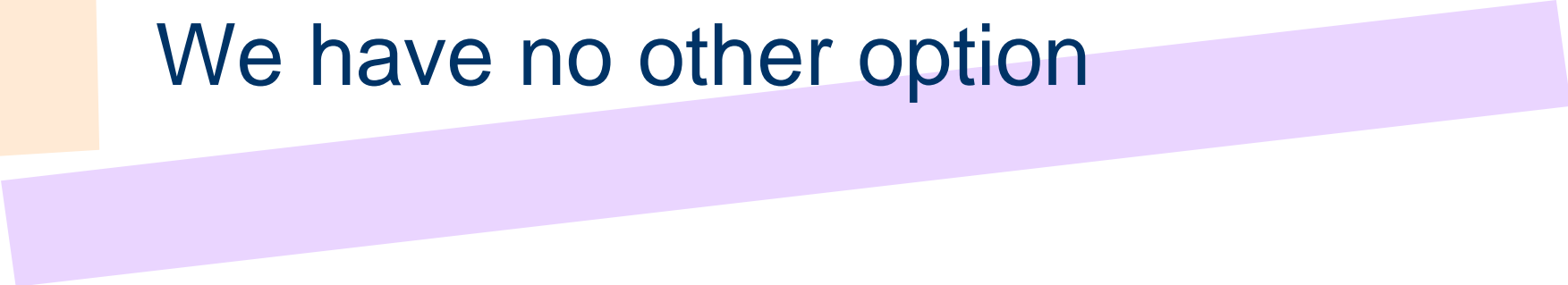
Results

<i>Age</i>	<i>Shunt</i>	<i>MPA Peak</i>	<i>MPA diastolic (PADP)</i>	<i>PA pulse pressure (PAPP)</i>	<i>Shunt Qp/Qs</i>	<i>PVR Wood units</i>	<i>PVR Response to 100% O2</i>	<i>Surgical Outcome</i>
F 8	VSD	96	40	56	1.8:1	9.0	9.2	Not done
M 14	VSD	82	52	30	1.2:1	12.8	10.5	Inoperable
F 15	PDA	106	44	62	1.6:1	11.0	9.6	Good
F 9	VSD	104	48	56	1.8:1	10.2	9.0	Good
M 16	VSD	98	58	40	1.5:1	14.5	13.6	Inoperable

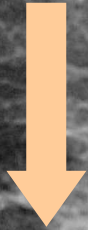


Even though it is a small observation involving 5 patients it suggests there is possible true correlation between PAPP and PADP with PVR and reversibility of PAH.

Ironically we have compared with a standard that is less than ideal since We have no other option



**Narrow
pulmonary
pulse pressure**

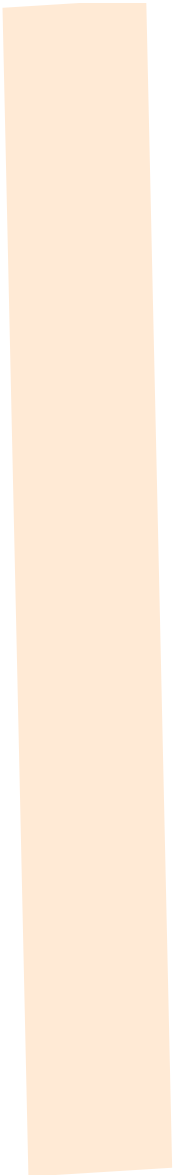


**Irreversible
pulmonary HT**

*Wide pulmonary
pulse pressure*



*Reversible
pulmonary HT*



We conclude PAPP and PADP could be a simple , useful additional parameter to assess the reversibility of PAH in Eisenmenger syndrome. Further scrutiny of this concept is warranted.

