Letters to the Editor

Pulmonary arterial hypertension or pulmonary hypertension in patients with human immunodeficiency virus infection?∗

¿Hipertensión arterial pulmonar o hipertensión pulmonar en pacientes infectados por el virus de la inmunodeficiencia humana?

Dear Editor,

We have carefully read the study by Olalla et al.1 on pulmonary hypertension in HIV-infected patients recently published in your journal and would like to make some comments that, in our opinion, may be of interest.

The authors state that the main objective of their study was to determine the prevalence of pulmonary arterial hypertension (PAH) assessed via transthoracic echocardiography in a cohort of HIV-infected patients, defining PAH as pulmonary artery systolic pressure > 36 mmHg. The cohort included 32.5% HCV-coinfected patients, 18.5% HBV-coinfected patients, 53.8% active smokers and 11.5% hypertensive patients.

Although screening studies in healthy or high-risk populations, as is the case of HIV, are performed with non-invasive tests such as echo-Doppler, it should be taken into consideration that the diagnosis of PAH is always haemodynamic, never echocardiographic, and therefore a right heart catheterization (RHC) is performed, with measurement of pulmonary wedge pressure (PWP). In the recent publication, following the World Symposium on Pulmonary Hypertension held in Nice, the concept of PAH is maintained as mean pulmonary blood pressure > 25 mmHg at rest and PWP < 15 mmHg via RHC. Moreover, the inclusion of HBV- and HCV-coinfected patients, patients with high blood pressure, and active smokers could lead to an erroneous interpretation of the results because they may be patients with portopulmonary hypertension or patients with pulmonary hypertension and not PAH, from group 2 (associated with left-sided heart disease) or group 3 (associated with pulmonary diseases and/or hypoxia). Consequently, the 5.5% prevalence of PAH described cannot be assumed to be real and we believe that methodological approach used makes it difficult to determine prevalence.

References


Jose Luis Callejas Rubio∗, Eduardo Moreno Escobarb, Emilia Navascuésc, Norberto Ortego Centenoa

a Unidad de Enfermedades Sistémicas, Hospital Clínico San Cecilio, Granada, Spain
b Servicio de Cardiología, Hospital Clínico San Cecilio, Granada, Spain
c Servicio de Neumología, Hospital Clínico San Cecilio, Granada, Spain

∗Corresponding author. E-mail address: jlcalleja@telefonica.net (J.L. Callejas Rubio).

Reply∗

Respuesta

Dear Editor

We would like to thank Callejas Rubio et al, for their comments on our recently published work, “Pulmonary hypertension in human immunodeficiency virus-infected patients: the role of antiretroviral therapy” (“Hipertensión pulmonar en pacientes con infección por el virus de la inmunodeficiencia humana: papel del tratamiento antíretroviral”). It is true that pulmonary blood hypertension is a haemodynamic diagnosis established through a right-sided catheterisation with measurement of mean pulmonary blood pressure and ruling out its postcapillary origin through a measurement of pulmonary capillary pressure. In our series1, as in all other studies in populations infected with human immunodeficiency virus (HIV)2–4, we chose to screen patients using transthoracic echocardiography (TTE) and, based on this technique, we established a prevalence of 5.5%, similar to the other published series, both in our context and in other countries. In our case, patients with pulmonary systolic pressure (PSP) measured by TTE above 36 mmHg were referred to the Pulmonary Hypertension (PHT) unit of our Cardiology Service, where a

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