

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





HANAA ALY



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرونيله



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



HANAA ALY



شبكة المعلومات الجامعية التوثيق الإلكترونى والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها على هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



HANAA ALY



Registry of Cases of Pulmonary Hypertension in Army Hospitals

Thesis

Submitted for Partial Fulfillment of MD in Chest Diseases

Presented by

Ahmed Mohamed Rafat Zaki

M.Sc Ain Shams University

Under the supervision of

Prof. Dr. Emad Elden Abd Elwahab Koraa

Professor of Chest Diseases Faculty of Medicine - Ain Shams University

Prof. Dr. Ayman Abd Elhamid Farghaly

Professor of Chest Diseases Military Medical Academy

Prof. Dr. Khaled Mohamed Wagih

Professor of Chest Diseases Faculty of Medicine - Ain Shams University

Prof. Dr. Eman Ramzy Ali

Professor of Chest Diseases Faculty of Medicine - Ain Shams University

> Faculty of Medicine Ain Shams University 2021

Acknowledgment

First and foremost, I feel always indebted to **ALLAH**, the Most Kind and Most Merciful.

I'd like to express my respectful thanks and profound gratitude to **Prof. Dr. Emad Elden Abd Elwahab**Koraa, Professor of Chest Diseases Faculty of Medicine - Ain Shams University for his keen guidance, kind supervision, valuable advice and continuous encouragement, which made possible the completion of this work.

I am also delighted to express my deepest gratitude and thanks to **Prof. Dr. Ayman Abd Elhamid Farghaly,** Professor of Chest Diseases Military Medical Academy, for his kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.

I am deeply thankful to **Prof. Dr. Khaled Mohamed Wagih**, Professor of Chest Diseases Faculty of
Medicine - Ain Shams University, for his great help, active
participation and guidance.

I wish to introduce my deep respect and thanks to **Prof. Dr. Eman Ramzy Ali,** Professor of Chest Diseases Faculty of Medicine - Ain Shams University, for her kindness, supervision and cooperation in this work.

Special thanks are due to **Dr. Marwa M. Abdelrady**, Consultant of Chest Diseases, Air Forces Specialized Hospital, for her sincere efforts, fruitful encouragement.

Ahmed Rafat

List of Contents

Title	Page No.
List of Tables	
List of Figures	iii
List of Abbreviations	v
Introduction	1
Aim of the Work	4
Review of Literature	
Pulmonary Hypertension	5
Right Heart Catheterization	43
Registries	
Subjects and Methods	
Results	
Discussion	
Summary	
Conclusion	
Recommendations	
References	
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table (1):	Comprehensive clinical classifi pulmonary hypertension. (1)	
Table (2):	Haemodynamic definitions of hypertension. (1)	
Table (3):	Updated risk level of drugs and tox to induce pulmonary arterial hypert	
Table (4):	Echocardiographic probability of hypertension in symptomatic patie suspicion of pulmonary hypertension	nts with a
Table (5):	Echocardiographic signs pulmonary hypertension used to probability of pulmonary hypertaddition to tricuspid regurgitation measurement	assess the tension in on velocity
Table (6):	Risk assessment in pulmonary hypertension. (1)	
Table (7):	Recommendations for right catheterization in pulmonary hyper	
Table (8):	Recommendations for vasoreactivity	testing 59
Table (9):	Practical recommendations rel parameters measured or derived heart catheterization	from right
Table (10):	Baseline characteristics of the population:	
Table (11):	Group 1 classification among studie	d patients:89
Table (12):	Functional class classification amo patients:	· ·
Table (13):	6MWT data among studied patients	:89

List of Tables Cont...

Table No.	Title	Page No.
	Hemodynamics data among Echocardiography data	-
1 able (19).	patients:	O
Table (16):	Treatment options among st	tudied patients: 92

List of Figures

Fig. No.	Title	Page No.
Figure (1):	Survival in PAH after diagraphic patients with existing	
Figure (2):	The pie chart on the left shows the of Pulmonary arterial hypertension	
Figure (3):	Schematic diagram of a puvascular cell showing the mechanisms leading to vasocor and/or proliferation of the puvascular component cells	possible astriction almonary
Figure (4):	Diagnostic algorithm of PH. (1)	35
Figure (5):	Evidence based treatment algor pulmonary arterial hypertension p	
Figure (6):	The double lumen balloon catheter and its placement at the without fluoroscopy and by me intracardiac pressures	e bedside onitoring
Figure (7):	Pulmonary Artery (Swan-Ganz) (Catheter.
Figure (8):	Best practice recommendations heart catheterization: pressure trand zeroing	ansducer
Figure (9):	Representative pressure tracing pulmonary arterial pressure pulmonary arterial wedge (PAWP). (87)	and b) pressure
Figure (10):	Pulmonary artery catheter (7.5 F) collecting hemodynamic measuren	

List of Figures Cont...

Fig. No.	Title Page N	V 0.
Figure (11):	Cardiac catheterization laboratory outfitted with computerized hemodynamic monitoring systems used by chest specialized hospital Kobry Elkobba Armed Forces.	80
Figure (12):	Age	88
Figure (13):	Group classification.	88
Figure (14):	Acute vasoreactivity.	91
Figure (15):	Treatment strategies	92

List of Abbreviations

Abb.	Full term
z IImn	Flored-more to make a transport on
	. 5hydroxytryptamine transporter
	. 6-minute walking distance
	. 6-minute walking test
	Arterial blood gases
	. Asymmetric dimethylarginine
	. Bone morphogenetic protein
BMPR	. Bone morphogenetic protein receptor
BNP	. Brain natriuretic peptide
BSA	. Body surface area
cAMP	. Cyclic adenosine monophosphate
CCB	. Calcium channel blocker
cGMP	Cyclic guanosine monophosphate
CHD	. Congenital heart diseases
CI	. Cardiac index
CMPDs	. Chronic myeloproliferative diseases
CMR	. Cardiac magnetic resonance
CO	. Cardiac output
COPD	. Chronic obstructive pulmonary disease
CPET	. Cardiopulmonary exercise testing
CRF	. Chronic renal failure
CT	. Computed tomography
	. Connective tissue disease
CTD	. Connective tissue disease
CTEPH	. Chronic thromboembolic pulmonary
	hypertension
CTEPH	Chronic thromboembolic pulmonary hypertension
	. Drug-induced PAH

List of Abbreviations Cont...

Abb. Full term
DPG Diastolic pressure gradient
ECG Electrocardiogram
EGF Endothelial growth factor
EIF2AK4 Eukaryotic Translation initiation factor 2 alpha kinase 4
ERN European Reference Networks
ERS European Respiratory Society
ESC European Society of Cardiology
ESC/ERS European Society of Cardiology and the European Respiratory Society
ET-1Endothelin-1
ETA Endothelin A
ETB Endothelin B
GD Gaucher disease
GRACE Good Research for Comparative Effectiveness
GSDs Glycogen storage diseases
HFpEF Heart failure with preserved ejection fraction
HIV Human immunodeficiency virus
HPAH Heritable pulmonary arterial hypertension
i.vIntravenous
IPAH Idiopathic pulmonary arterial hypertension
KORPAH Korean Registry of Pulmonary Arterial
Hypertension
LV Left ventricular
LVEDP Left ventricular end-diastolic pressure
MAP Mitogen-activated kinase
mPAP Mean pulmonary arterial pressure
mSAP Mean systemic arterial pressure
NHLBI National Heart, Lung, and Blood Institute
NO Nitric oxidase

List of Abbreviations Cont...

Abb.	Full term
NT-proBNP	N-terminal pro-brain natriuretic peptide
-	Pulmonary artery
	Pulmonary arterial hypertension
	Pulmonary arterial pressure
	. Mean pulmonary arterial pressure
	Pulmonary artery wedge pressure
	Prostacyclin analogues
	Pressure of carbon dioxide
PDGF	. Platelet-derived growth factor
PFT	Pulmonary function tests
PH	Pulmonary hypertension
PLCH	Pulmonary Langerhans cell histiocytosis
PPH	. Primary PH
pred	Predicted
PVOD	Pulmonary veno-occlusive disease
PVOD/PCH	Pulmonary veno-occlusive disease or
	pulmonary capillary hemangiomatosis
	Pulmonary vascular resistance
	Pulmonary vascular resistance index
RA	
	Right atrial pressure
REVEAL	Registry to Evaluate Early And Long-term PAH disease management
RHC	Right heart catheterization
RV	. Right ventricular
RVP	. Right ventricular pressure
SAPH	Sarcoid-associated pulmonary hypertension
SCD	. Sickle cell disease
SNAP	Surveillance of North American Pulmonary
	Hypertension

List of Abbreviations Cont...

Abb.	Full term
SOPHIA	. Surveillance of Pulmonary Hypertension in America
SSc	. Systemic sclerosis
SvO2	. Mixed venous oxygen saturation
SVR	. Systemic vascular resistance
TGF-b	. Transforming growth factor-b
TPG	. Transpulmonary pressure gradient
V/Q	. Ventilation/perfusion
VE/VCO2	. Ventilator equivalents for carbon dioxide
VEGF	. Vascular endothelial growth factor
VIP	. Vasoactive intestinal peptide
VO2	. Oxygen consumption
VPAC	. VIP receptors
WHO	. World Health Organization
WHO-FC	. World Health Organization functional class
WSPH	. World Symposium on PH
WU	. Wood units



Introduction

ulmonary hypertension (PH) is a progressive disorder characterized by abnormally elevated blood pressure of the pulmonary circulation which results, over time, from extensive vascular remodeling and increased pulmonary vascular resistance (PVR)⁽¹⁾.

Pulmonary arterial hypertension (PAH) is a subcategory of pulmonary hypertension (PH) that comprises a group of disorders with similar pulmonary vascular pathology. Though PH is common, the estimated incidence of IPAH is 1–3 cases per million, making it a rare disease (1).

The hemodynamic definition of PAH is a mean pulmonary artery pressure at rest > 25 mm Hg in the presence of a pulmonary capillary wedge pressure 15 ≤ mmHg with pulmonary vascular resistance (PVR) greater than 3 WU. Specific maneuvers during right heart catheterization can be utilized to disclose vasoreactivity and heart failure with preserved ejection fraction, which have implications for management (2).

Right heart catheterization is the most powerful maneuver for diagnosis confirmation by measuring the mean pressure of the pulmonary artery. It can also give more information about cardiac output and estimation of the pressure of the left atrium in order to assess the pressures of the left side