

# **Workshop**

## **PH Screening recommendations for risk populations**

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# **ACCP Evidence-Based Clinical Practical Guidelines**

**(Chest 2004; 126:S1-S92;  
J Am Coll Cardiol Vol 43, 12)**

**Screening for the presence of PH using Doppler echocardiography is advisable when risk is sufficiently high to justify the expense (i.e. when early diagnosis could lead to further evaluation and/or change in management (treatment/surveillance)).**

# ACCP Evidence-Based Clinical Practical Guidelines

(Chest 2004; 126:S1-S92;  
J Am Coll Cardiol Vol 43, 12)

**In asymptomatic patients at high risk, Doppler echocardiography should be performed to detect elevated pulmonary artery pressure.**

- Quality of evidence: Expert opinion
- Benefit: Intermediate
- Strength of recommendation: E/B (moderate based on expert opinion only)

**Risk groups for screening  
(Asymptomatic patients)  
(Chest 2004; 126:S1-S92;  
J Am Coll Cardiol Vol 43, 12)**

- Scleroderma spectrum of disease
- Portal hypertension prior to liver transplantation
- Congenital heart disease with systemic-to-pulmonary shunts
- Patients with known genetic mutations predisposing to PH
- First-degree relatives in a FPAH family

# Scleroderma spectrum of disease

- At diagnosis: PFT and Echocardiography are recommended  
If Echo negative → follow-up 1x/year  
If echo indeterminate and asymptomatic patient → follow-up (role for BNP?)
- If echo positive → right heart cath

# Non-scleroderma CTD

- Systematic screening in asymptomatic patients is not recommended (lower prevalence than scleroderma)

# Portopulmonary hypertension

## PPHTN

- Echo screening is mandatory prior to liver transplantation
- Systematic screening is not recommended for asymptomatic patients
- In case of clinical suspicion of PPHTN, perform an echo and if positive, confirm with a RHC

# COPD

- Screening by echo is mandatory prior Lung volume reduction surgery or lung transplantation
- Systematic screening is not recommended in COPD patients
- An echo might be considered in case of significant discordance between dyspnea and PFT values
- Echocardiography in COPD patients must be performed in stable condition and with optimal oxygenation

# Screening after Pulmonary embolism

- A careful patient history and clinical work up should be performed in every patient, 6 months after the acute event
- In case of symptoms (dyspnea, exercise limitation..) an echo is indicated.

# HIV

- Systematic screening in asymptomatic patients is not recommended
- In case of unexplained dyspnea, an echo should be performed