

Geneve et l'Hypertension Pulmonaire d'effort

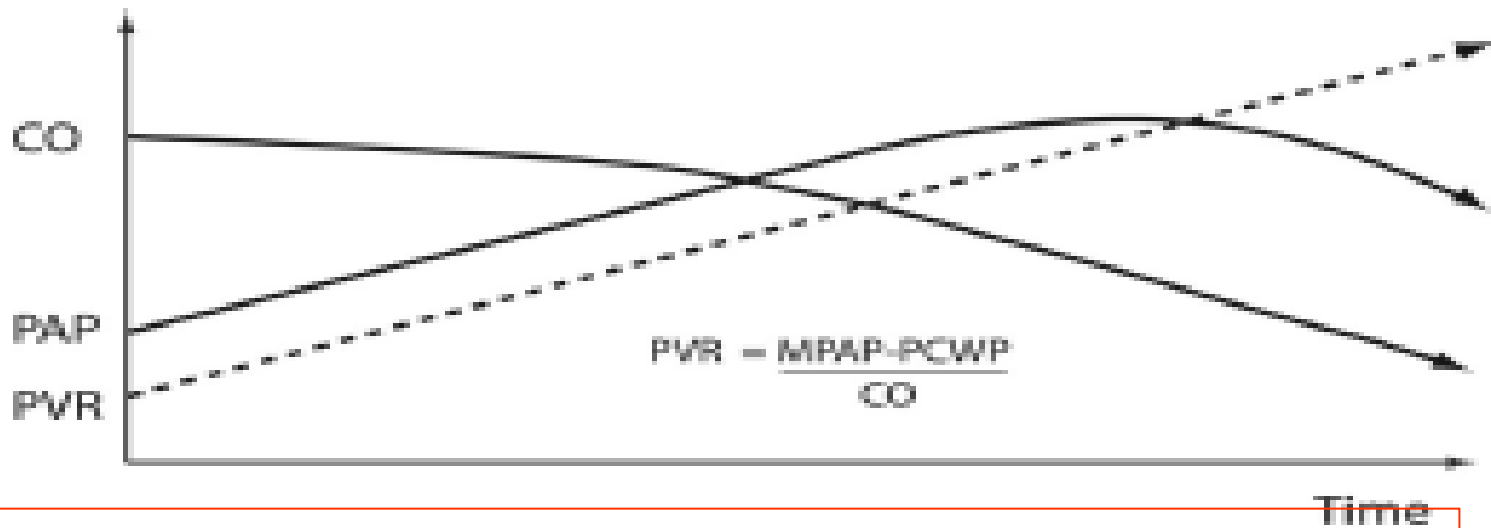
27 Octobre 1553



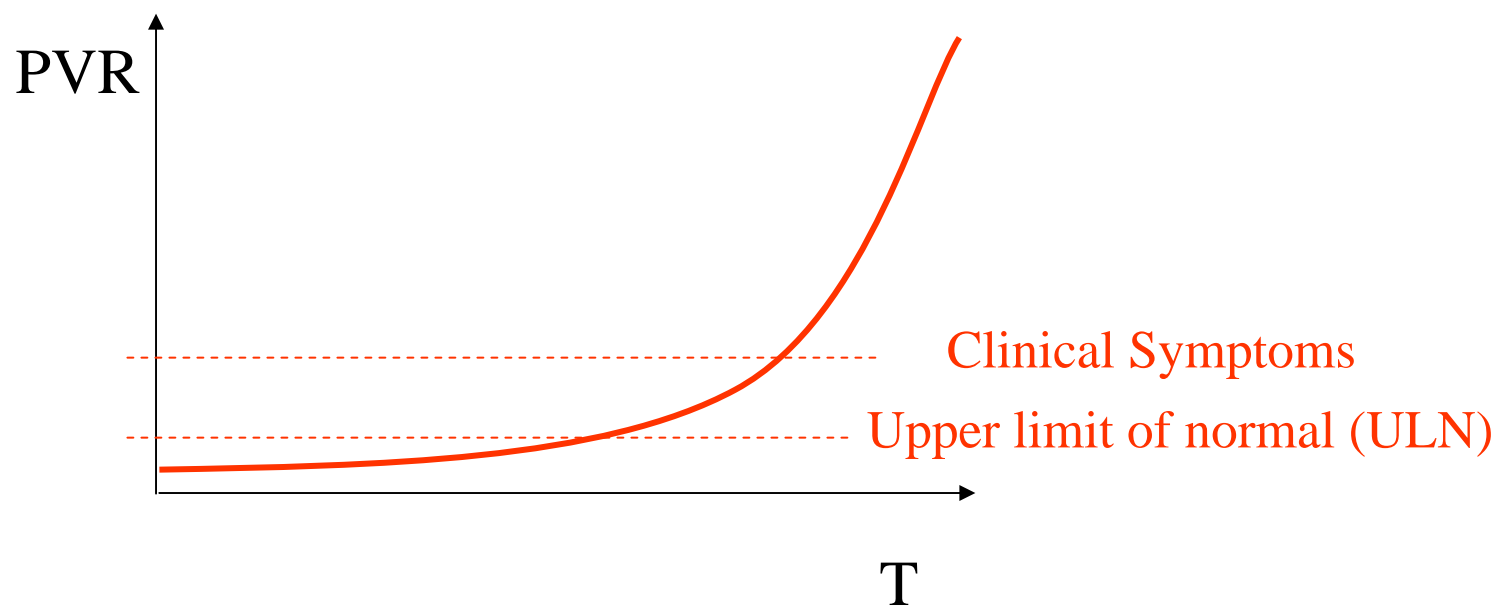
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$$PVR = \frac{PAP - PAOP}{CO} = \frac{8 \cdot l \cdot \eta}{\pi \cdot r^4} \text{ (Poiseuille Law)}$$



PREVALENCE OF EXERCISE INDUCED PH

-At risk population:

Scleroderma 20 to 50%,

HIV 0,45%

Familial: exercise, 10% of control / 30% of relatives/50%BMPR2

Drepanocytose: 30%

-Population générale 10%!!!!

« Hypertension pulmonaire d'effort »

-Pulmonary Circulation in Exercise

-Exercise induced Pulmonary Hypertension

-Pulmonary hypertension in Exercise

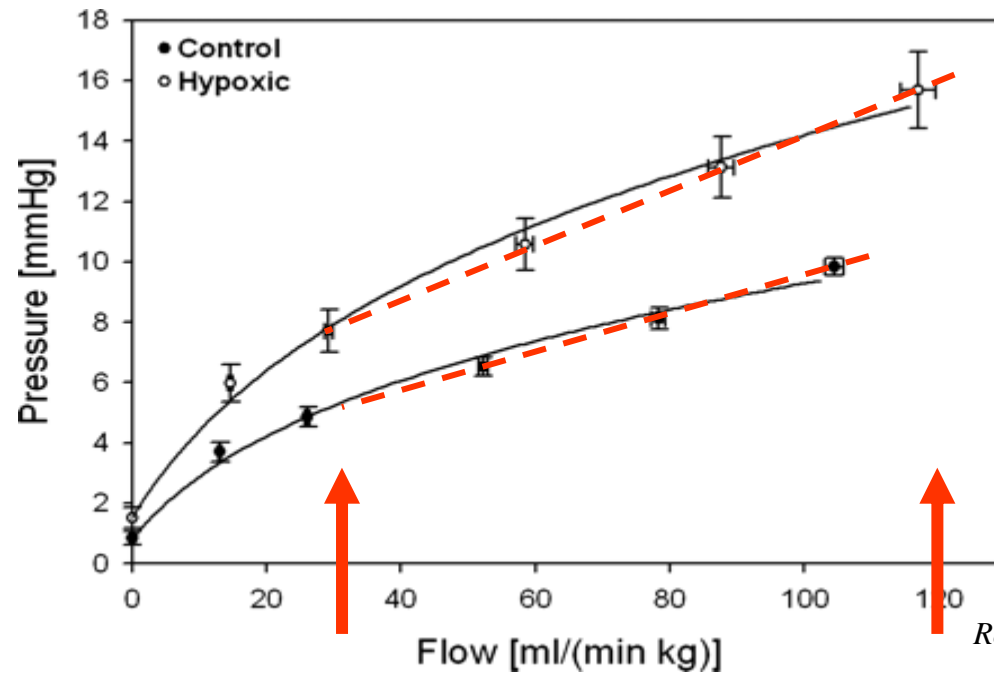


ISOLATED RAT LUNGS

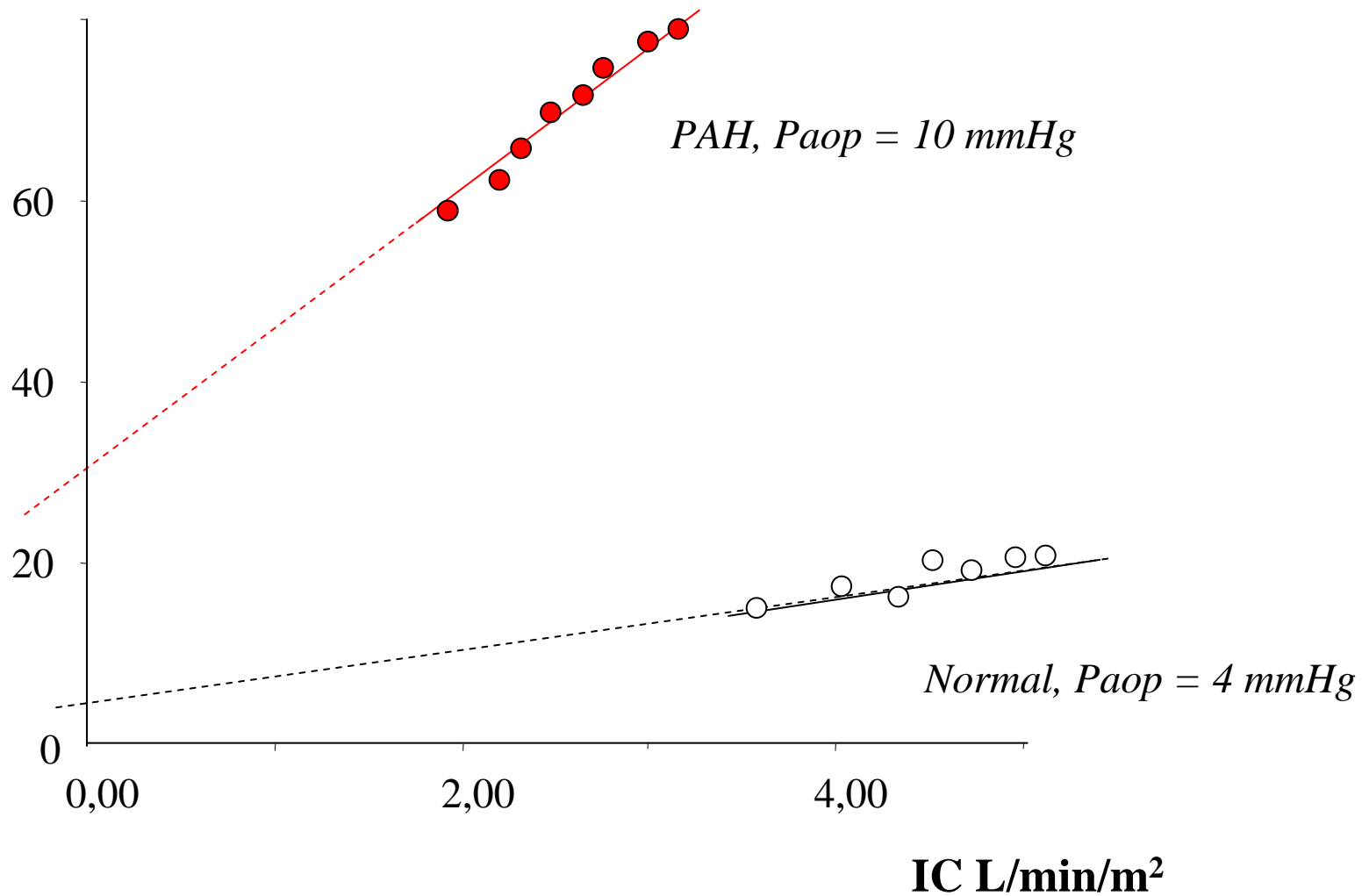
AIR



CHRONIC HYPOXIA



Mean PAP mmHg



$$PVR = (PAP - PAOP) / Q$$

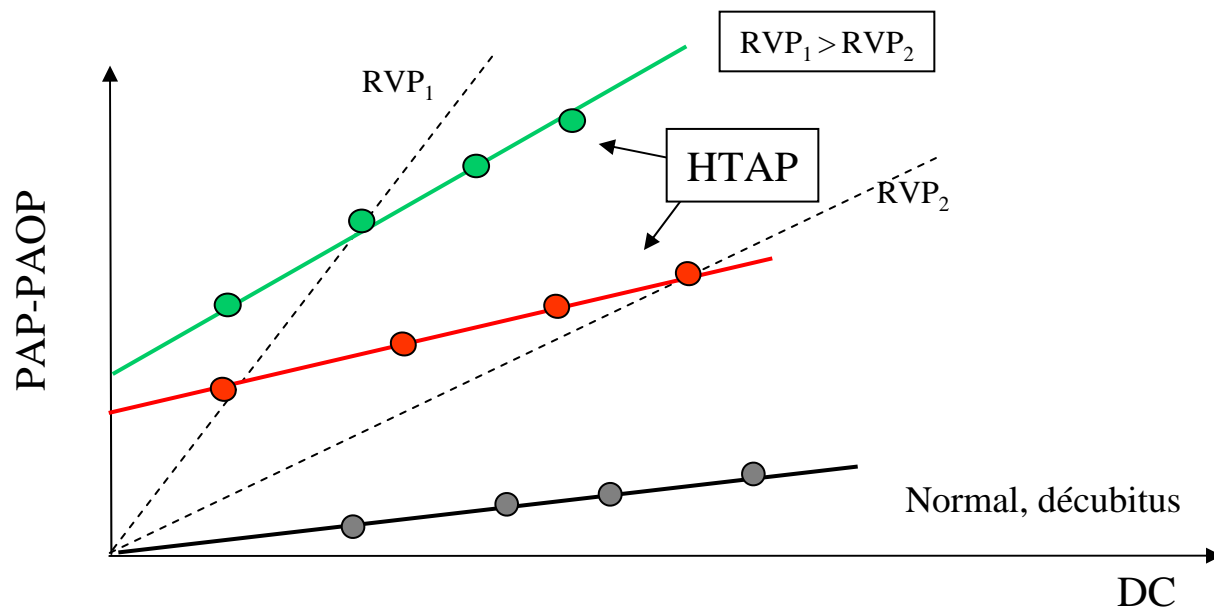
Relation P/Q est linéaire dans la zone des débits physiologiques (normal ou pathologique). La droite P/Q coupe les axes à leurs origines seulement chez les sujets normaux en décubitus. Dans toutes les autres conditions l'intercept est positif.

RVP n'est plus une constante indépendante du Q et le calcul de RVP est trompeur

Une augmentation passive de PAP par augmentation de Q est associée à une diminution de RVP.

Une vasoconstriction active peut être associée à une valeur de RVP inchangée

Variabilité spontanée de RVP de repos de $\pm 20\%$



Etat fonctionnel circulation pulmonaire

Construction de la droite P/Q
à plusieurs niveaux de débit

Caractéristiques de la droite P/Q
régression linéaire: pente
RVP de repos ou intercept: position

1973: first World Symposium on Pulmonary Hypertension

Definition of PAH

- 1. mean PAP > 25 mmHg at rest*
- 2. or mean PAP >30 mmHg during exercise*
- 3. in the presence of a PAOP < 15 mmHg.*

Recommendations Dana Point:

- **Exercise, PVR, PAOP criteria eliminated.**
- **Resting PAP of 8 to 20 mm Hg is normal**
- **New definition of PH: resting PAP ≥ 25 mm Hg.**
- **Further studies the natural history PAP 21 to 24 mm Hg**

Recommendations ERS and ECS:

Dana Point +

Pre-capillary and post-capillary PH, PAOP <15 or >15 mmHg

2008: 4th World Symposium on PH Dana Point California

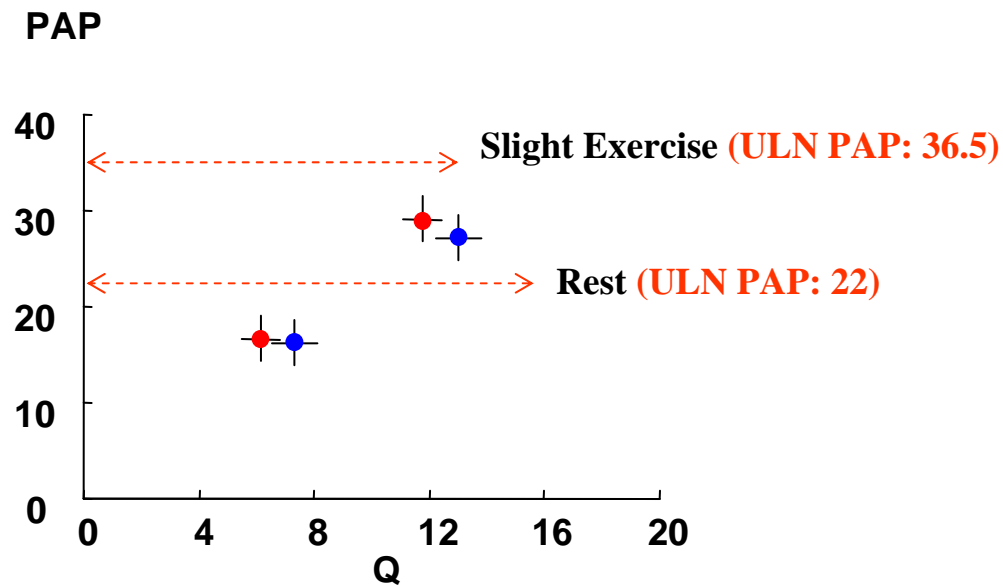
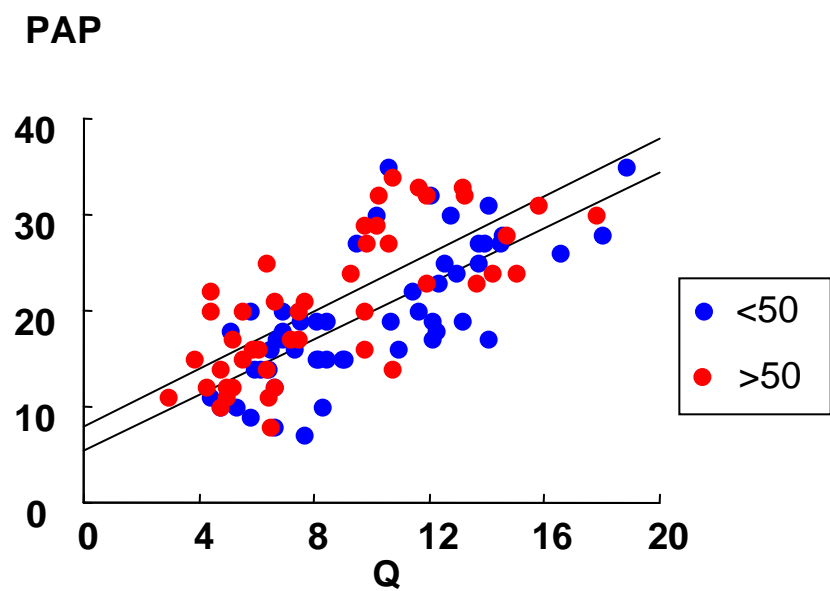
PAH definition was challenged, based on meta analysis of Kovacs
(*Eur Respir J* 2009) 1,187 individuals in 47 studies:

- **Rest normal PAP = 14.3 ± 3.3 mmHg (age independent)**
ULN: mean + 2 SD = 20.6 mmHg → grey zone 21-24
- **Slight exercise ULN: 32 mmHg; 30 mmHg <50 years, 46 mmHg \geq 50 years**

We have tested these ULN in 99 consecutive pts in Clamart:

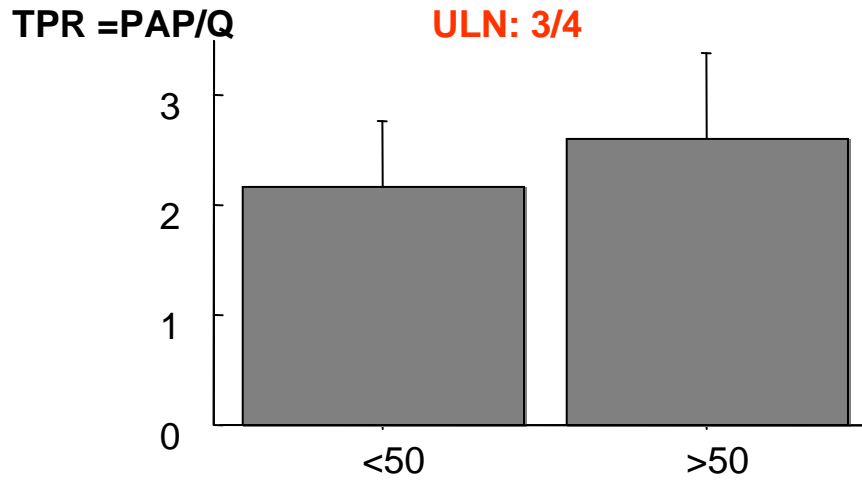
- In \geq 50yrs, 79% with PAPrest 21-24mmHg and 98% with mPAPrest <21mmHg did not reach ULN (classic ULN:85%)
- In <50 yrs, 91% with mPAPrest 21-24mmHg and (63%) with mPAPrest <21mmHg exceeded the ULN on slight exercise.

N = 50 « Normal » Subjects, slight exercise 60 w (Clamart 2006-2009)

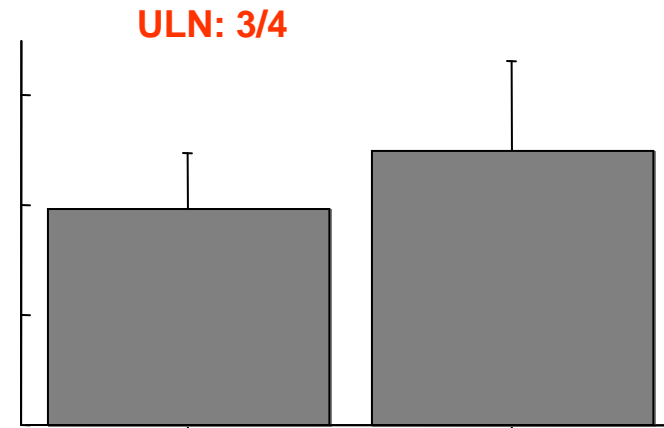


N = 50 « Normal » Subjects (Clamart 2006-2009)

Rest

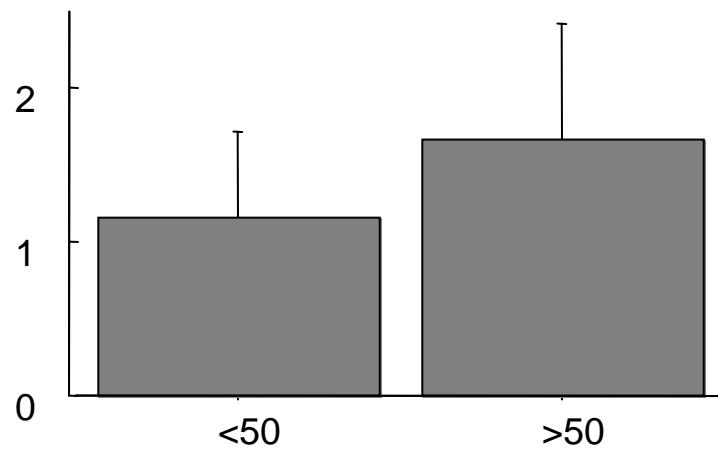


Slight Exercise

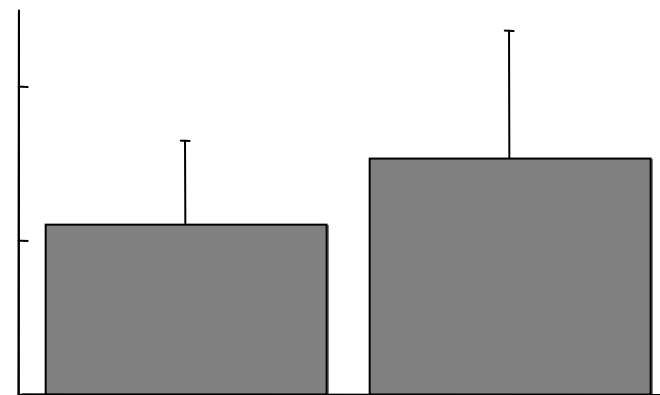


PVR =(PAP-PAOP)/Q

ULN: 2/3

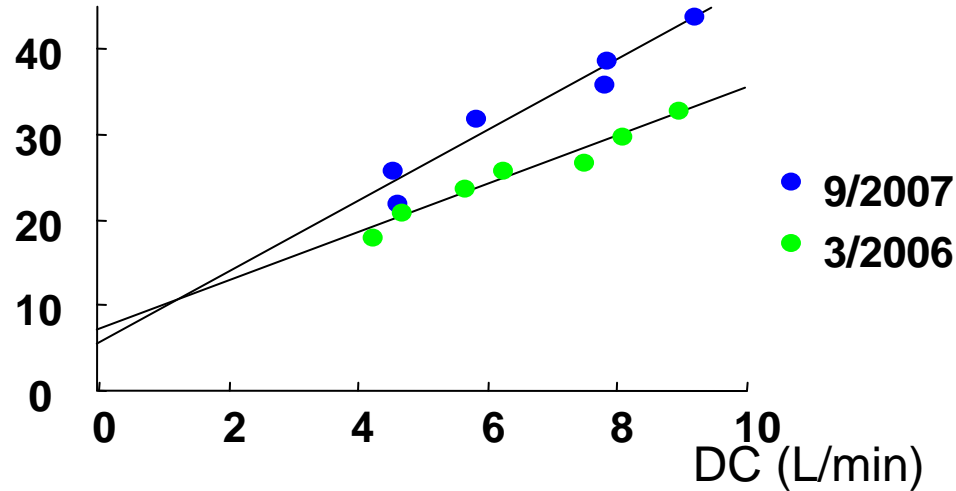


ULN: 2/3



Mme V.. CPC PE OPERE POST OP 03/2006 : (repos) PAP 18 mmHg, RAP 3 UI
 AGGRAVATION CLINIQUE 09/2007 : (repos) PAP 22 mmHg, RAP 3 UI

PAP mmHg



Pap = 5,635 + 4,145 * dc; R^2 = ,945 (APRES)

Pap = 7,178 + 2,839 * dc; R^2 = ,965 (BASELINE)

ANOVA Table for Pap

	DF	Sum of Squares	Mean Square	F-Value	P-Value	Lambda	Power
dc	1	455,958	455,958	169,368	<,0001	169,368	1,000
TEMPS	1	,484	,484	,180	,6814	,180	,066
dc * TEMPS	1	15,947	15,947	5,924	,0377	5,924	,581
Residual	9	24,229	2,692				

PAP REPOS 24 PAOP 7

PVR REPOS 3.07

PVR EFFORT 2.5

PENTE 1.7

INTERCEPT 8.8

Regression Coefficients

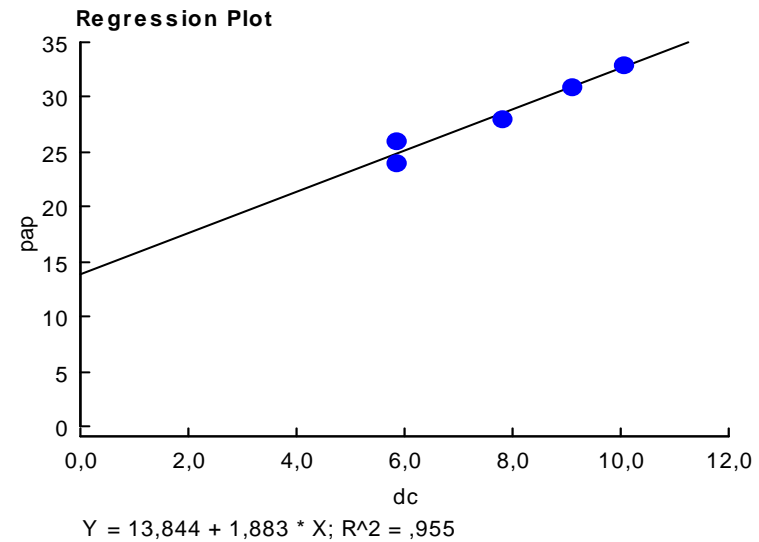
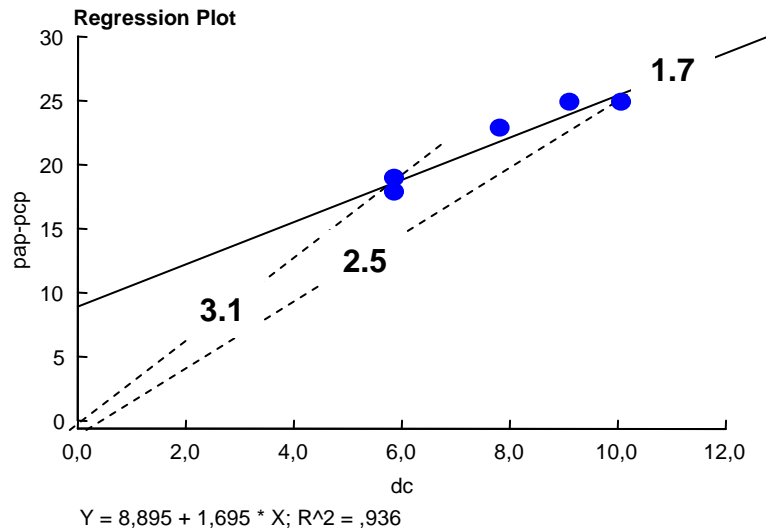
pap-pcp vs. dc

	Coefficient	Std. Error	Std. Coeff.	t-Value	P-Value
Intercept	8,895	2,020	8,895	4,403	,0217
dc	1,695	,255	,968	6,641	,0070

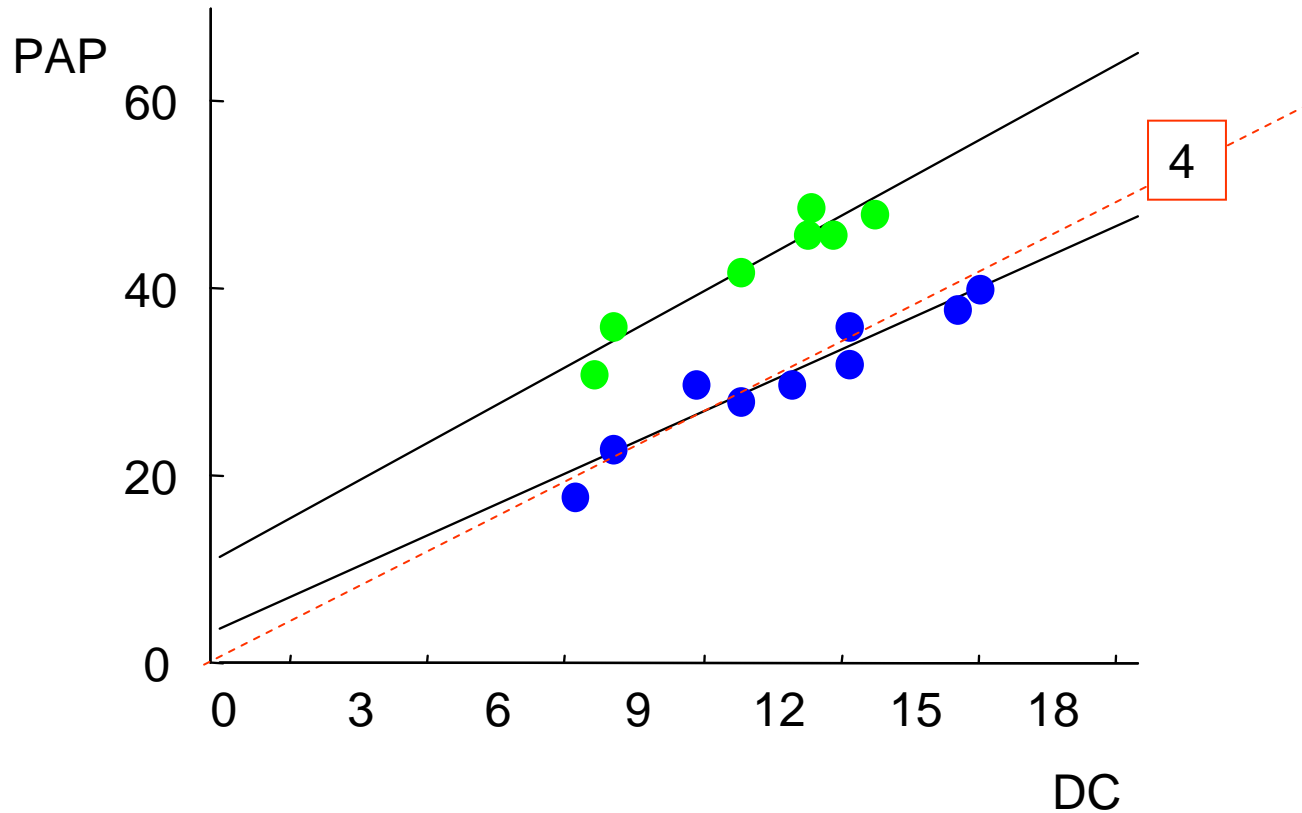
Regression Coefficients

pap vs. dc

	Coefficient	Std. Error	Std. Coeff.	t-Value	P-Value
Intercept	13,844	1,860	13,844	7,442	,0050
dc	1,883	,235	,977	8,011	,0041



Mr F. 60 ANS, MVO: PAP 30 Baseline, PAP Tracleer 18

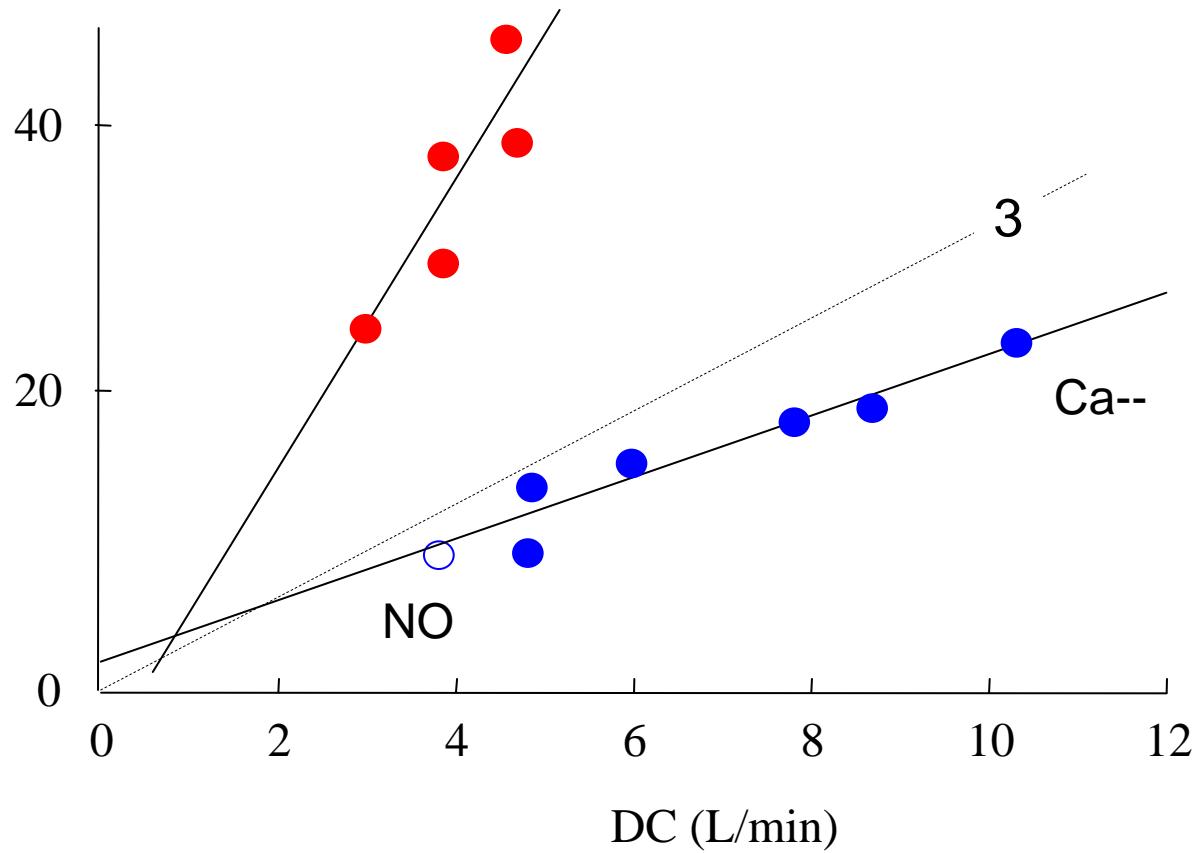


$PAP = 11,312 + 2,695 * DC; R^2 = ,92$ Baseline

$PAP = 3,496 + 2,209 * DC; R^2 = ,92$ Tracleer

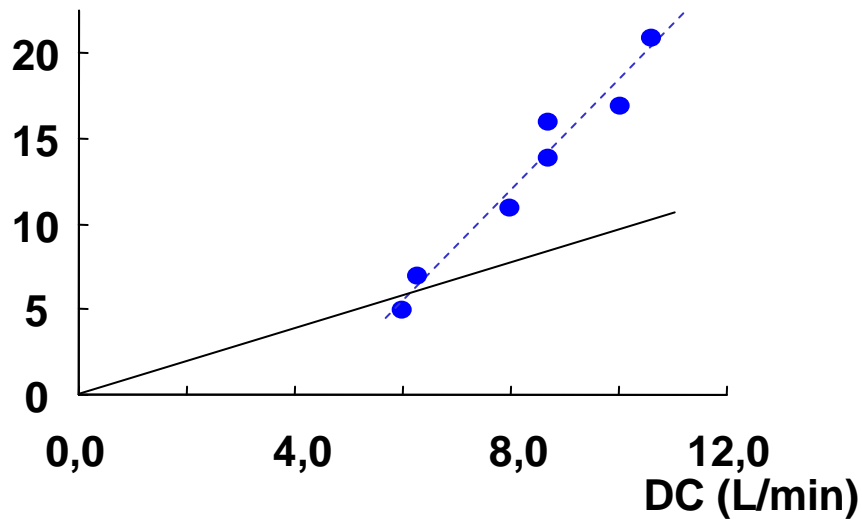
Mme F.. HTAP idiopathique PAP 35

PAP-PAOP (mmHg)

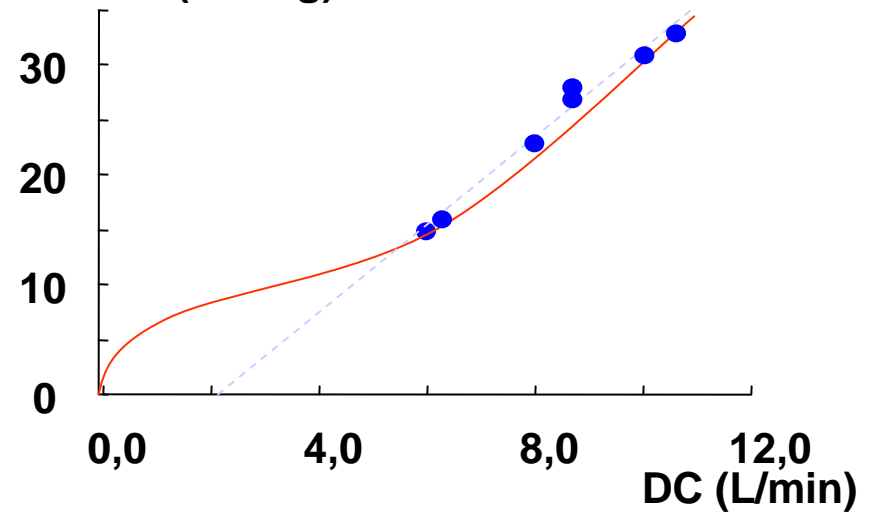


Mme B. 58 ans, sclerodermie systemique dyspnée stade III
Écho cardiaque non contributive car tachycardie sinusale à 100 n(sic)
PAP rest 13 mmHg

PAOP (mmHg)



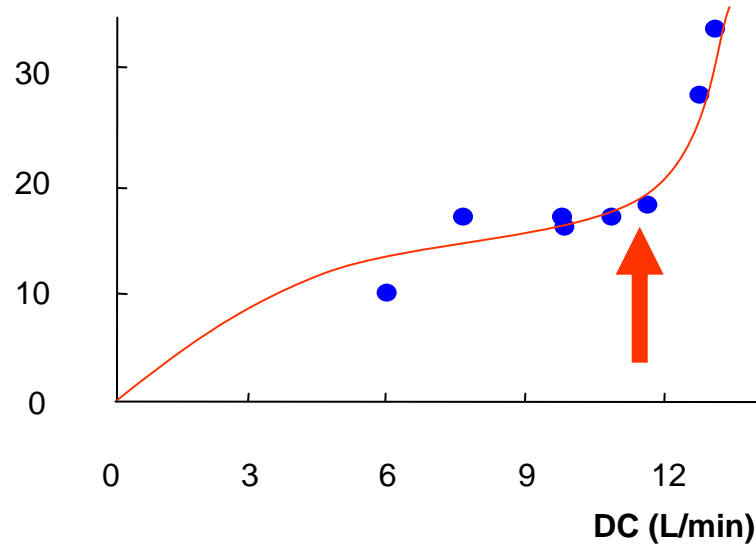
PAP (mmHg)



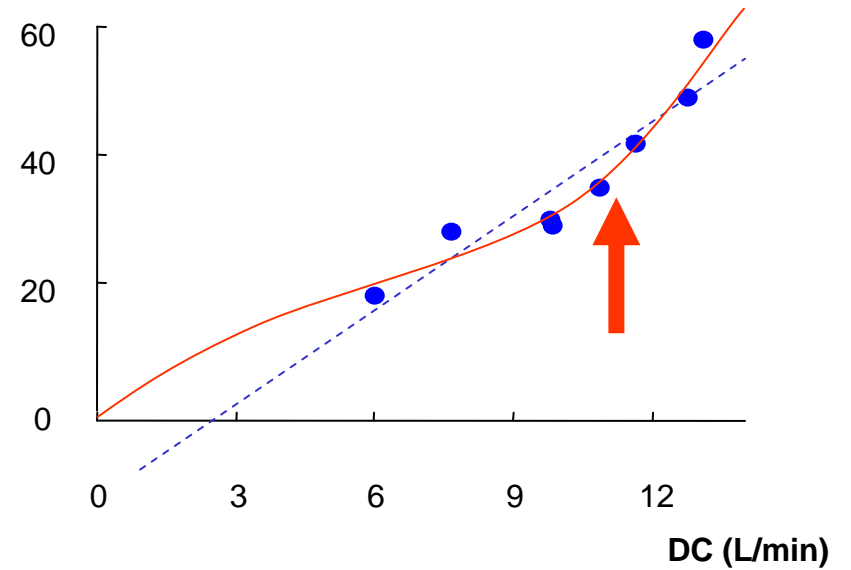
$$Y = -8,491 + 4,003 * X; R^2 = ,98$$

Mr B. 62 ans: Dyspnée stade II résiduelle 6 mois après TEP

PAOP (mmHg)



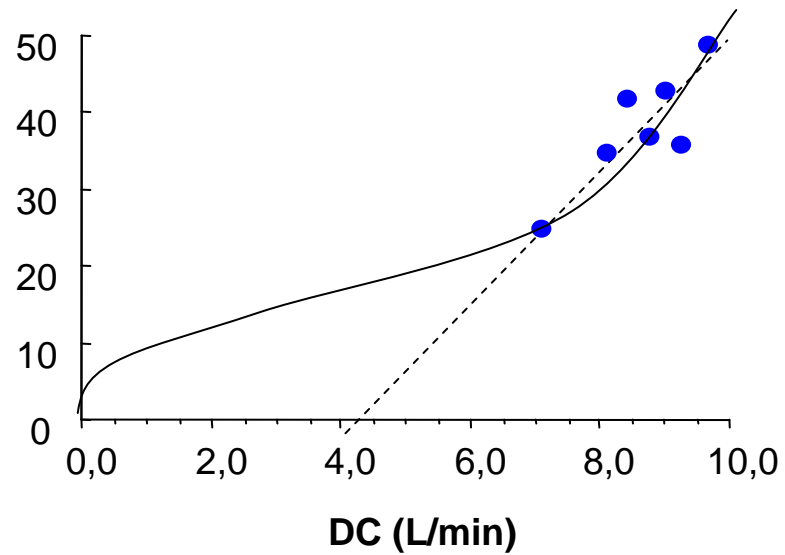
PAP (mmHg)



$$Y = -14,135 + 4,933 * X; R^2 = ,875$$

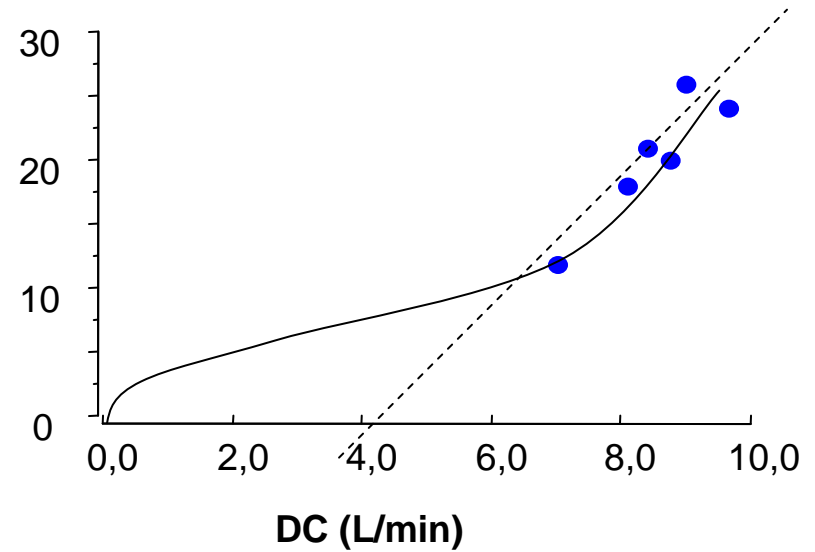
Mme G. 60 ans, PAP rest 22 mmHg

PAP (mmHg)



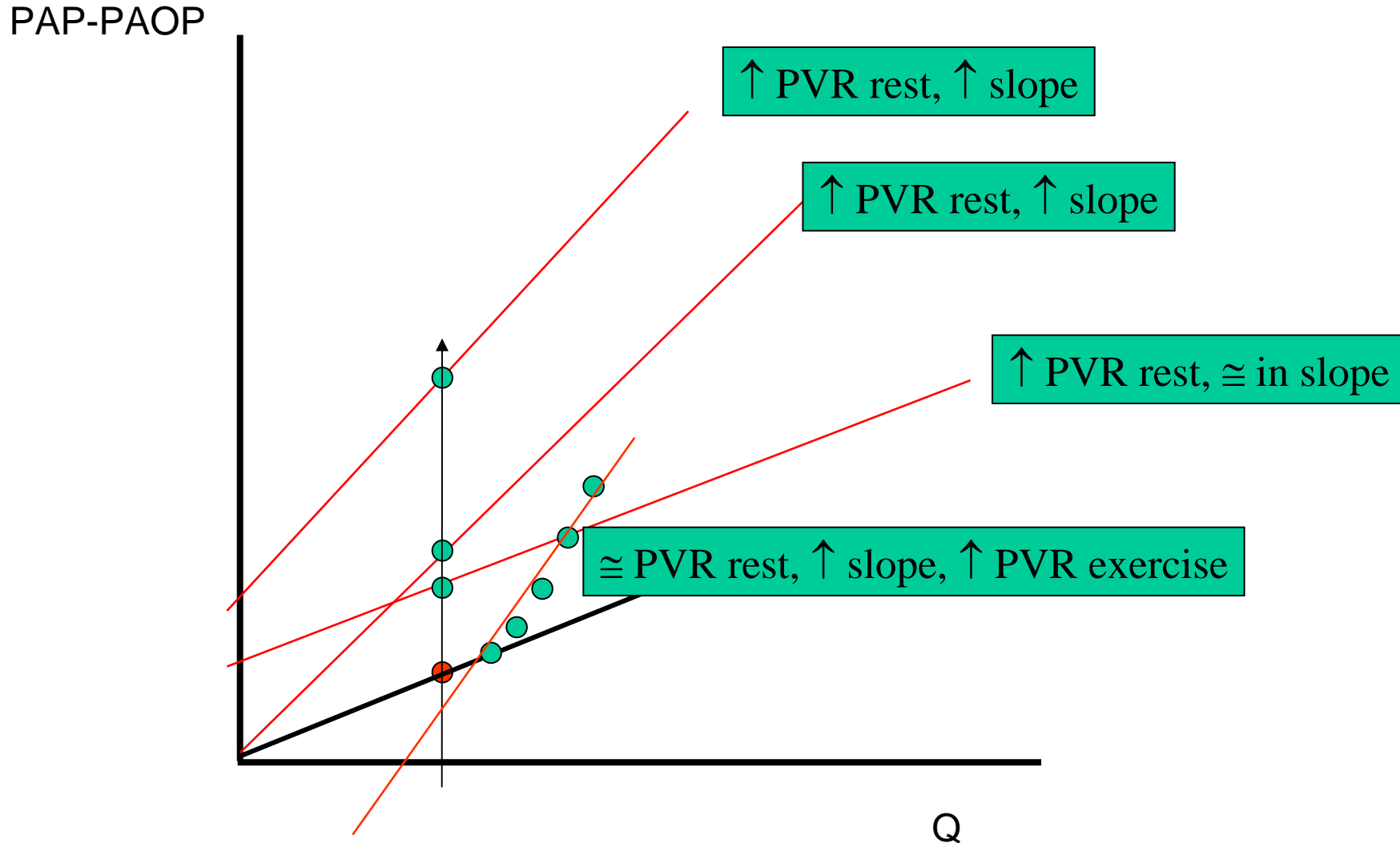
$$Y = -27,301 + 7,603 * X; R^2 = ,712$$

PAOP (mmHg)



$$Y = -27,185 + 5,551 * X; R^2 = ,841$$

Different hemodynamic phenotypes of exercise induced PH





zermatt.ch

POST-TAXI-PASSAGENFLUG