Pulmonary arterial hypertension: an update

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Dear Sir,

We read with interest the article by Hoendermis [1] concerning an update on pulmonary arterial hypertension (PAH). This paper pays particular attention to the diagnosis and treatment of PAH; however, we would like to highlight the role of stress echocardiography to detect pulmonary vascular disease (PVD) prior to a rise of pulmonary arterial pressure (PAP) at rest. In fact, stress echocardiography has been successfully used on relatives of patients with idiopathic and familial PAH in a large multicentre study [2] and in patients with systemic sclerosis [3, 4]. It seems to be a useful tool to detect PVD early, but it requires further validation because of the lack of standardisation in the exercise protocol and because the cut-off value of PAP as in these cases has not been established; neither, to our knowledge, has the influence of age, gender, and body mass index on PAP been clearly defined. Stress echocardiography, despite MRI and CT, is more available and less expensive, and it might give more information on the functionality. However, today, it is not yet recommended

as a routine method for the early detection of PVD, but we do hope that future research would fill the existing gaps and allow an extended use.

Reference

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