

DOI: 10.5152/TurkThoracJ.2019.361

[Abstract:0690] PP-262 [Accepted:Poster Presentation] [Clinical Problems - Pulmonary Vascular Diseases Occupational Lung Diseases]

If KTEPH and APAH are Together in Elderly Patient

Kübra Türkel¹, Zeynep Pınar Önen¹, Kerim Esenboğa², Tamer Sayın²

¹Department of Chest Diseases, Ankara University School of Medicine, Ankara, Turkey

²Department of Cardiology, Ankara University School of Medicine, Ankara, Turkey

Introduction: Most often left dependent on heart diseases in elderly patients with pulmonary hypertension (PH) is observed. This is followed by PH due to lung diseases. Idiopathic PH(APAH) in this age group rare and chronic thromboembolic pulmonary hypertension (CTEPH) should be kept in mind in elderly patients. We would like to share our case of the elderly patient who CTEPH and APAH are seen together.

Case Presentation: A 77-year-old female with dyspnoea was considered PH in the differential diagnosis. Doppler Echocardiography (ECHO) was performed to confirm the suspicion. Systolic pulmonary artery pressure (PAPs) was measured to be 65 mmHg in ECHO. Right heart catheterization (RHC) was performed to exclude/confirm left heart disease in the etiology. The systolic/diastolic/mean PAP was measured 70/31/44 mmHg and pulmonary capillary wedge pressure (PCWP) were found in 7 mmHg in the RHC. The risk factor for Group 1 PH in the patient with left heart disease excluded was ANCA +++ and Ro-52 +++ compatible with Sjogren's syndrome. Tissue diagnosis was confirmed by minor salivary gland biopsy. FVC decreased slightly in pulmonary function test and FVC/DLCO was not compatible with parenchymal pathology. APAH (Group 1 PH) associated with Sjogren's syndrome presence was accepted. Ventilation perfusion scan (VQ scan) and Computed Tomography Pulmonary Angiography (CTPA) was also found to be compatible with Chronic Thromboembolism. The patient was diagnosed as inoperable CTEPH. The patient is still receiving lifetime anticoagulant, hydroxychloroquine and PAH specific therapy.

Conclusion: Pulmonary hypertension (PH) should be kept in mind in the etiology of dyspnea in elderly patients. The causes of PH can sometimes be seen in the same patient. The second most common cause of PH is KTEPH in this group.

Keywords: CTEPH, APAH, elderly patient