Abstract: P1820

Prognostic impact of left ventricle dysfunction in patients with pulmonary hypertension

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Introduction: Left ventricular (LV) dysfunction is the main cause of pulmonary hypertension (PH) and is associated with a worse prognosis. However, the contributory factor of LV dysfunction in patients with predominantly pre-capillary PH is unclear.

Objective: to assess the prognostic impact of LV dysfunction in patients with PH.

Methods: Retrospective, single-center study of consecutive patients followed in the PH treatment center, with hemodynamic diagnosis of PH, submitted to transthoracic echocardiography at diagnosis.

The concomitant presence of LV dysfunction, classified as isolated diastolic dysfunction, systolic dysfunction or valvulopathy with hemodynamic repercussion was evaluated. The association of this variable with any cause mortality at 5 years was determined using the Kaplan Meier survival analysis and the Cox regression analysis.

Results: 176 patients were included, 69.9% female (N = 123), with a median age of 68 years (IQR: 24). LV dysfunction was identified in 28.4% (N = 49), with the majority (N = 40) presenting with group 2 PH. The 5-year mortality rate from any cause was 27.3%. Patients with systolic dysfunction had 50% mortality at 5 years, significantly higher than the other groups (p=0.001), being a predictor of mortality in this period (p=0.003).

Conclusion: The presence of left ventricular systolic dysfunction is associated with worse prognosis in PH patients.