Pulmonary Arterial Hypertension in Congenital Heart Defects With Left-to-Right Shunt

 Hipertensión arterial pulmonar en cardiopatías congénitas con cortocircuito izquierda-derecha

To the Editor:

We read with interest the article published by Hernández Vázquez et al.1 on partial anomalous pulmonary venous connection with pulmonary hypertension, and we would like to put forward some thoughts that may be of interest.

1. Please cite this article as: Martínez-Quintana E, Rodríguez-González F. Hipertensión arterial pulmonar en cardiopatías congénitas con cortocircuito izquierda-derecha. Arch Bronconeumol. 2015;51:308–309.


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in asymptomatic or practically asymptomatic patients with right cavity dilatation and mild or moderately increased pulmonary pressure, while systemic or suprasystemic pulmonary pressures with shunt reversal are found in shunts with both volume and pressure overload (Eisenmenger’s syndrome).

Secondly, in PAPVD patients with significant PAH, other etiologies must be ruled out. These include respiratory disease, obstructive sleep apnea, connective tissue disease, chronic thromboembolism, portal hypertension, human immunodeficiency virus, use of appetite suppressants or toxic substances, and left heart disease. In the latter, patients with multiple cardiovascular risk factors, as discussed in the article, or coronary heart disease (not specified by the authors) may develop left ventricular diastolic dysfunction and secondary pulmonary arterial hypertension, even in the absence of evidence of heart failure. Special precautions must be taken in these cases, since PAPVD can add to left atrial decompression and total correction of the defect may lead to a sudden increase in pulmonary venous pressure and the development of pulmonary edema.

Finally, before PAPVD or IAC correction is attempted, pulmonary vascular and systemic resistances and pressures must be identified, in order to prevent converting an Eisenmenger’s syndrome into a disease with a similar course as that of primary PAH, with its correspondingly poorer prognosis.

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**Conflict of Interest**

The authors declare that they had no conflict of interests.

**References**


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