

**PULMONARY HYPERTENSION IN PATIENTS WITH CHRONIC OBSTRUCTIVE
PULMONARY DISEASE**Dr. Muhammad Sajid¹, Dr. Muhammad Umair² and Dr. Zeeshan Ahmad³¹(Al-tibri Medical College Karachi).^{2,3}(Nishtar Medical University Multan).***Corresponding Author: Dr. Muhammad Sajid**

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ABSTRACT

Objective: Chronic obstructive pulmonary disease is an emerging cause of morbidity and mortality in elderly all over the world. Pulmonary hypertension (PH) is defined as “mean pulmonary artery pressure of ≥ 25 mmHg at rest”. COPD is one of the most important of pulmonary hypertension. The purpose of this study was to determine the frequency of pulmonary hypertension in patients with chronic obstructive pulmonary disease. Methodology: It is a cross sectional study conducted at Department of Cardiology, Nishtar Hospital Multan. In this study we included cases with age more than 40 years and diagnosed patient with COPD for at least 1 years. The cases with primary pulmonary HTN and those with connective tissue disorder and chronic pulmonary edema were excluded. The diagnosis of chronic obstructive pulmonary disease was made on the basis of pulmonary function test with FEV1/FVC ratio of less than 0.75 and the post bronchodilator (with salbutamol 400 microgram inhalation) change of less than 12% in FEV1. Patients were categorized into different severity groups. A total of 100 patients were evaluated for presence of pulmonary hypertension using chest X-ray, electrocardiogram and echocardiography. Results: In this study 100 cases of COPD were included with mean age of 61.21 ± 12.79 years. There were 81% males and all were smokers. Majority of the cases i.e. 51% had severe COPD. Pulmonary HTN was observed in 40% of the cases. It was significantly high in cases that had COPD for more than 5 years where it was seen in 36% of cases. It was also significantly high in cases that had very severe form of COPD affecting 23% of patients. Conclusion: We concluded that Pulmonary Hypertension was present in almost half of cases with COPD and its ratio increases with increase in severity of COPD.

KEYWORDS: Pulmonary hypertension, COPD.**INTRODUCTION**

Chronic obstructive pulmonary disease is one of the most important cause of morbidity and mortality in adults all over the globe. While other major causes of non-cancer mortality such as coronary artery disease and stroke have shown a consistent downward trend, COPD is the only one that continues to increase.^[1] Pollution and smoking are one of the major causes in the developing era and are potentially reversible risk factors that can affect the health care system badly by posing an immense degree of disease burden. Chronic obstructive pulmonary disease (COPD) is one of the very common complication of smoking especially in the developing countries like Pakistan. Pulmonary Hypertension (HTN) is another well-known entity and its prevalence in cases of COPD ranges from 20-90%.^[2-3] The epidemiological scenario is expected to worsen and the World Health Organization predicts that COPD will become the third leading cause of death (currently fourth) and the fifth leading cause of disability (currently twelfth) worldwide by the year 2020.^[4-5]

COPD can result in various pulmonary and non-pulmonary complications. These include respiratory failure, chronic hypoxia, pneumothorax, pulmonary hypertension, polycythemia, osteoporosis, cardiac arrhythmias, systolic and diastolic dysfunctions etc.^[6-7] According to a study pulmonary hypertension is associated with poor prognosis in patients with chronic respiratory disorders. In one cohort study of patients with chronic obstructive pulmonary disease, the 5-year survival rate was 36% for individuals with pulmonary hypertension and 62% for those without.^[8] In patients with severe pulmonary hypertension, median survival is 26 months.^[9] In a study using echocardiography to estimate pulmonary artery systolic pressure in patients with idiopathic pulmonary fibrosis, mean survival was found to be 0.7 years among those presenting pulmonary artery systolic pressure > 50 mmHg, compared with >4 years in those with pulmonary artery systolic pressure < 50 mmHg.^[9]

Pulmonary HTN is represented as increased resistance to the pulmonary flow and causing strains on the right ventricle of the heart and can be measured by echocardiography or right heart catheterization which is gold standard but an invasive procedure. It can be diagnosed when the resting mean pulmonary artery pressure (PAP) is of 20-25 mmHg in the absence of cardiac disease.^[10-11]

OBJECTIVES

The aim of present study was to study the prevalence of pulmonary hypertension in COPD patients and to highlight the importance of early diagnosis of pulmonary hypertension to prevent further complications.

MATERIAL AND METHODS

It is a Cross sectional study done at Department of cardiology, Nishtar Hospital Multan from June 2018 to November 2018. Non probability consecutive sampling technique was used. In this study the cases of either gender with age more than 40 years were included. The cases of clinically diagnosed as COPD (mainly emphysema and chronic bronchitis) for more than 1 year with subsequent confirmation by spirometry i.e., FEV1/FVC <0.7 were included in the study. Patients diagnosed as having bronchial asthma, pulmonary tuberculosis (present or past), interstitial lung diseases, Vulvular, acute left ventricular failure and pulmonary edema secondary to other causes hypertension, ischemic heart disease, cardiomyopathies), primary pulmonary hypertension, bronchiectasis were excluded.

Simple random sampling Data was collected using a pretested proforma meeting the objectives of the study. Detailed history, physical examination and necessary investigations were undertaken. Pulmonary HTN was labelled on transthoracic echocardiography as yes when at rest pulmonary artery pressure was more than 25 mmHg. Other investigations like CBC, Blood urea, serum creatinine Sputum for gram stain and AFB Urine Albumin /Sugar/Microscopy. The data was analyzed by using SPSS-version 23.

RESULTS

In this study 100 cases of COPD were included with mean age of 61.21±12.79 years. There were 81% males and all were smokers. Majority of the cases i.e. 51% had severe chronic obstructive pulmonary disease. Pulmonary HTN was observed in 40% of the cases. There was no significant difference in terms of gender as in table 01. It was significantly high in cases that had COPD for more than 5 years where it was seen in 36% of cases as in table 02. It was also significantly high in cases that had very severe form of COPD affecting 46 (23%) of cases as in table 03.

Table 01: Pulmonary HTN and gender.

Gender	Pulmonary HTN		Total
	Yes	No	
Male	34	47	81
Female	6	13	19
Total	40	60%	100

Table 02: Pulmonary HTN and duration of COPD.

Duration of COPD	Pulmonary HTN		Total
	Yes	No	
5 years or less	4	29	33
>5 years	36	31	67
Total	40	60	100

Table 03: Pulmonary HTN and severity of COPD.

Severity of COPD	Pulmonary HTN		Total
	Yes	No	
Moderate	1	8	9
Severe	16	35	51
Very severe	23	17	40
Total	40	60	100

DISCUSSION

Chronic obstructive pulmonary disease (COPD) is preventable and treatable disease and it has various pulmonary and extra pulmonary effects that can effect severely. Among the extra pulmonary complications, the heart is amongst the most common to be affected.

In the present study, on cases of COPD, pulmonary HTN was observed in 40 out of 100 cases. The results in the past from various studies were wide variable. Roshke et al, in their study found that pulmonary HTN in such cases of COPD was seen in 80% of the cases; which was double than the finding of the present study.² Kurundkar G et al, in another study found this prevalence in as high as 53% of cases.^[12] They not only assessed for the presence of pulmonary HTN, but they also further sub classified such cases into different degree of severity with respect to pulmonary HTN. Mild pulmonary HTN was observed in 23% of cases, moderate in 18% and sever in 12% of cases presenting with COPD.^[13]

Naeji R et al revealed altogether different results as compared to the present and the above mentioned findings of the different studies and they found pulmonary HTN in cases of COPD in only 10% of the cases.^[14] the reason of this difference can be explained by the difference in the presentation of such cases with different degree of severity.

Pulmonary HTN was significantly high in cases that had COPD for more than 5 years where it was seen in 36 of cases and those that had very severe form of COPD affecting 23 of cases. This finding of the present study was also strengthened by the findings of the previous studies where though the same cut off were not used but

it was seen that higher the degree of the disease; higher is the likelihood to develop pulmonary HTN and longer the duration also co exists with severe form of disease especially in cases that are non-compliant to the treatment.^[16-17] The limitations of the present study were small sample size, study was only hospital based, and right heart catheterization and measurement of pulmonary artery pressure which is the gold standard to assess pulmonary hypertension was not done due to hospital limitations.

CONCLUSION

We concluded that Pulmonary Hypertension was present in almost half of cases with COPD and its ratio increases with increase in severity of COPD.

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