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Pulmonary Hypertension as a Prognostic Factor in Idiopathic Pulmonary Fibrosis

Deepak Aggarwal^a, Phiza Aggarwal^b

Departments of ^aPulmonary Medicine, and ^bPathology,
Government Medical College and Hospital, Chandigarh, India

We read with interest the study by Kimura et al. [1] demonstrating the prognostic value of pulmonary hypertension in idiopathic pulmonary fibrosis (IPF).

IPF patients usually have a rapid downhill course which is worsened by lack of definitive treatment both for the disease as well as for associated pulmonary hypertension. Hence, using right heart catheterization and measuring pulmonary artery pressure just to determine disease prognosis incites ethical concern and requires justification. Rather than using it as a standard measure, there is need to prove its practical value and determine its place in the management algorithm. The study would have been more useful if the authors compared pulmonary hypertension and demonstrated its possible superiority over other prognostic parameters

such as forced vital capacity, arterial oxygen saturation, diffusion capacity to carbon monoxide [2] and dyspnea score [3], which are simple, readily available and devoid of complications.

Lack of histo-pathological confirmation in the majority of enrolled patients might have inadvertently included other interstitial lung diseases (like secondary to collagen vascular diseases) affecting the study results. Rather than defining prognosis, pulmonary hypertension in early IPF should encourage further research for demystifying its complex pathogenetic mechanisms, which may guide in devising new treatment options for this devastating disease.

References

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