

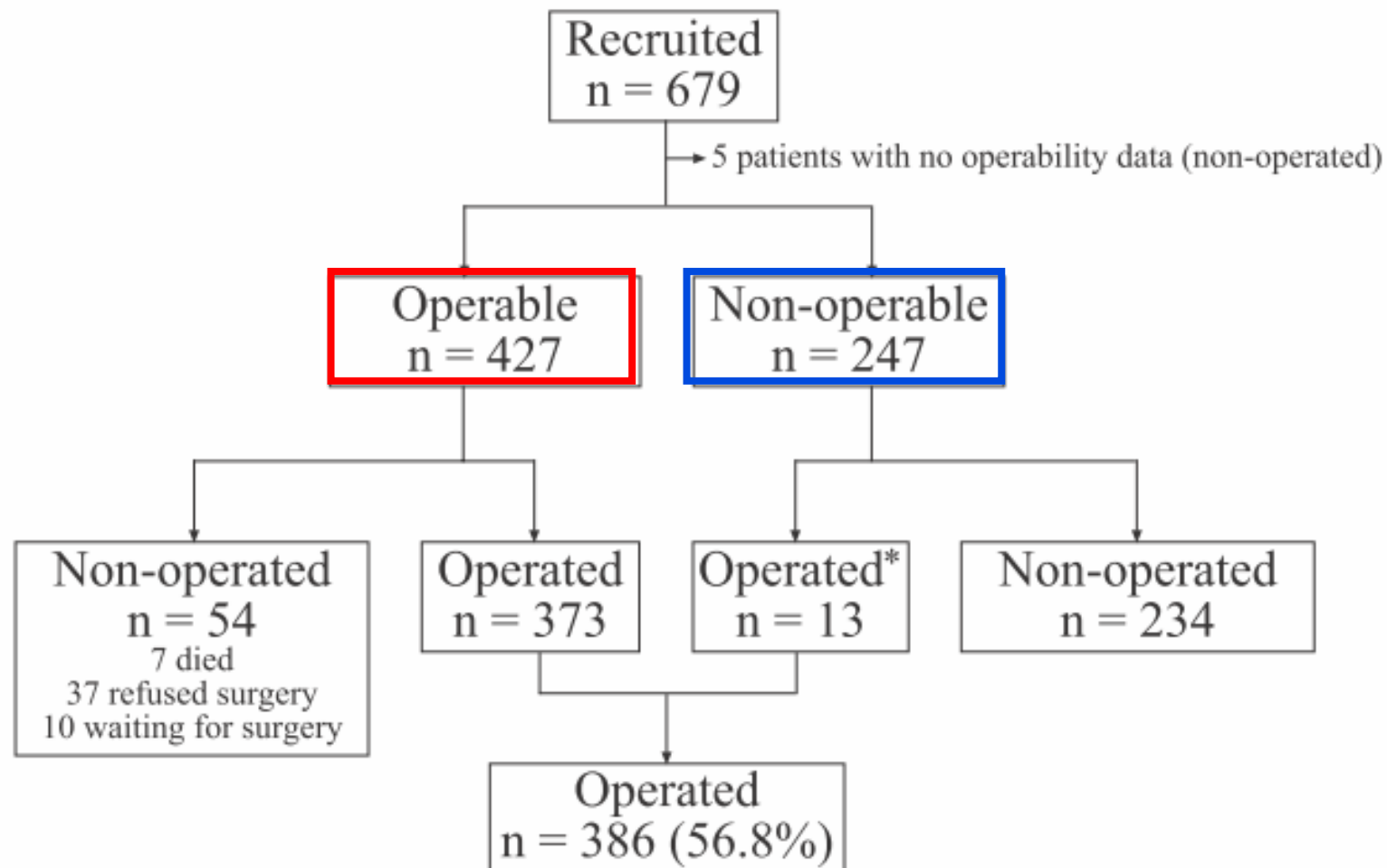


ETV e hipertension pulmonar

*IX Multidisciplinary Forum on Venous
Thromboembolism*

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All patients (n=679)

- No difference in sex ratio
- Past history of PE : 3/4
- Recurrent PE : 1/3
- Past history of DVT : 1/2

Operable patients (n=427) Vs non operable

All patients (n=679)

- No difference in sex ratio
- Past history of PE : 3/4
- **Recurrent** PE : 1/3
- Past history of **DVT** : 1/2

Operable patients (n=427) Vs non operable

- ↗ male
- ↗ Past history of PE
- ↗ Recurrent PE
- ↗ Past history of DVT

Gender in PE patients

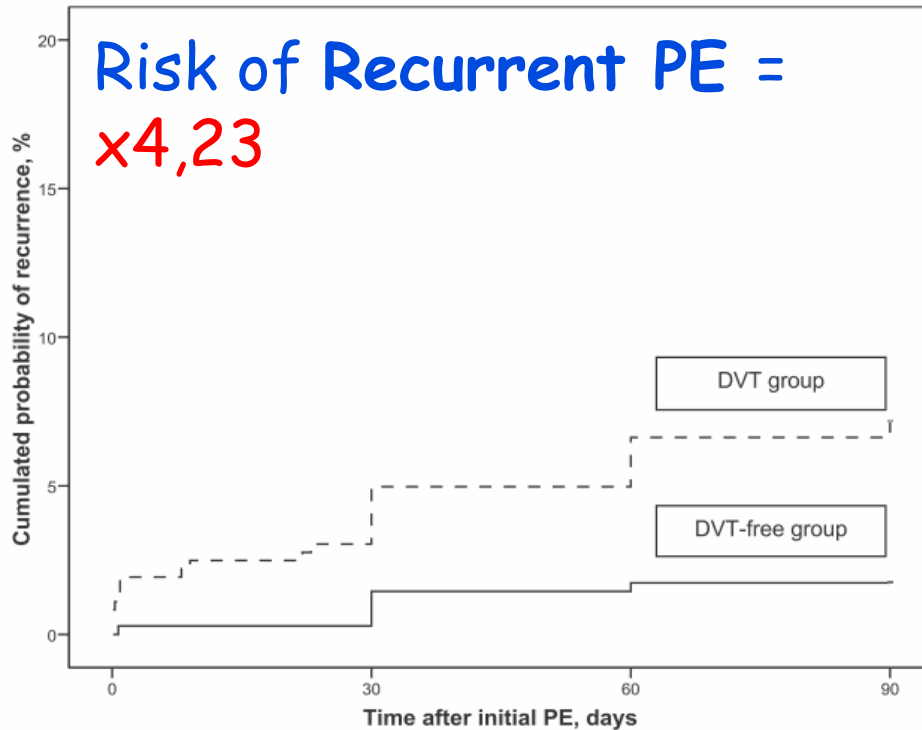
➤ Men with PE : ↗ frequency of associated DVT

Table 5 Contribution of each diagnostic test to rule in and to rule out PE

	Women (<i>n</i> = 1486)	Men (<i>n</i> = 1090)	<i>P</i> value
PE ruled out, <i>n</i>	1159	824	
Negative DD in non high CP	435 (37.5)	353 (42.8)	0.03
Negative CT	706 (60.9)	456 (55.3)	
Other negative tests (V/Q scan, PA)	18 (1.6)	15 (1.8)	
PE ruled in, <i>n</i>	327	266	
Positive proximal CUS in either positive DD or high CP patients	107 (32.7)	115 (43.2)	0.04
Positive CT	213 (65.1)	145 (54.5)	
Other positive tests (V/Q scan, PA)	7 (0.5)	6 (0.6)	

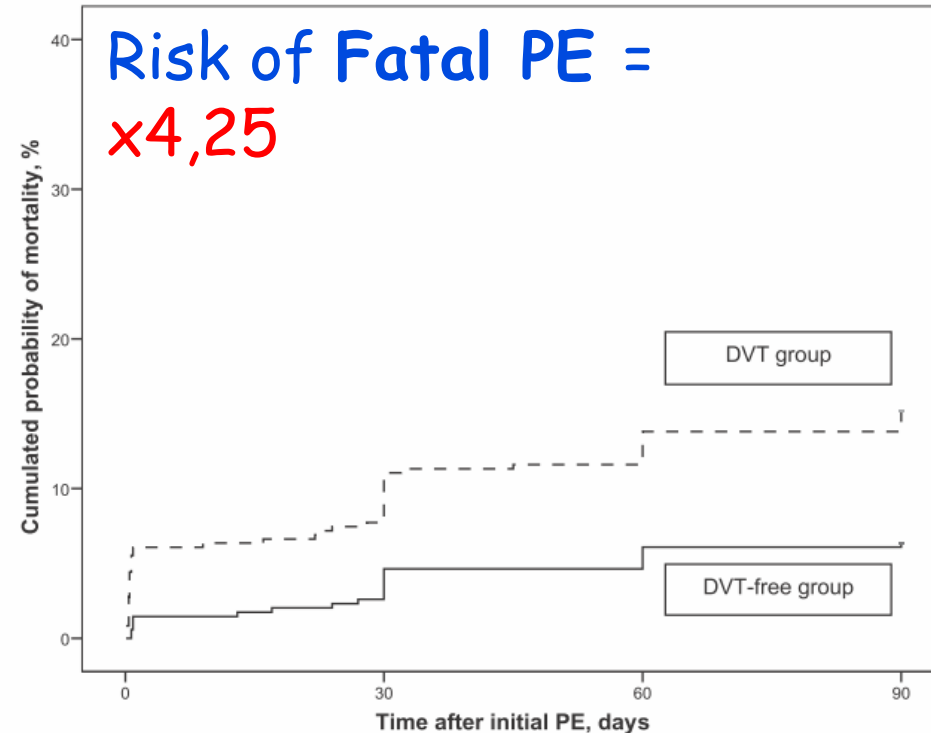
➤ 5183 patients with PE and concomitant DVT:

**Risk of Recurrent PE =
x4,23**



No. at Risk				
DVT group	362	315	303	298
DVT-free group	345	326	320	319

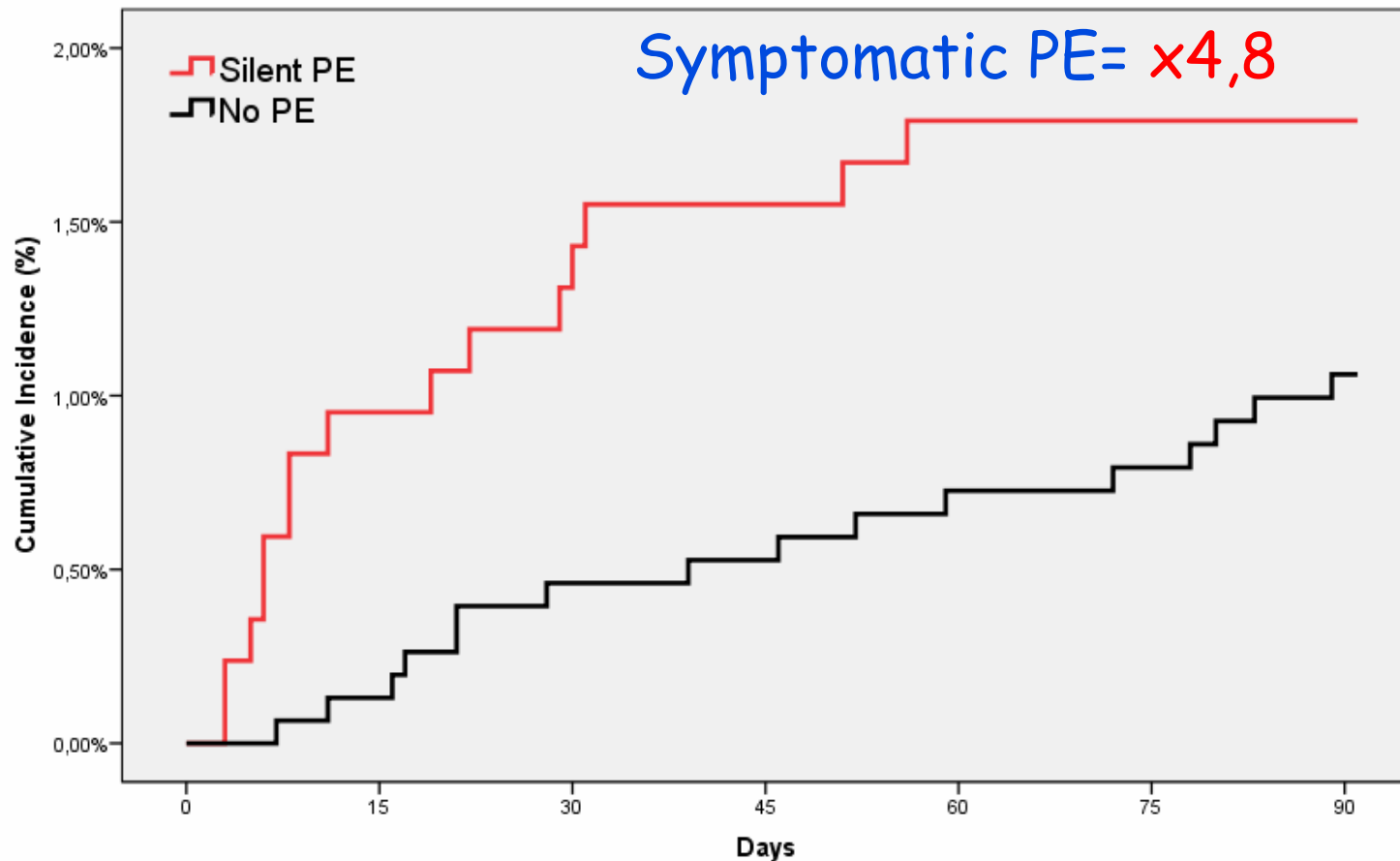
**Risk of Fatal PE =
x4,25**



No. at Risk				
DVT group	362	315	303	298
DVT-free group	345	326	320	319



- 2375 patients with proximal DVT without symptomatic PE:
 - « Silent PE » in 842 patients (35%)



All patients (n=679)

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- Past history of PE : 3/4
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- Past history of DVT : 1/2
- Potential others causes of Pulmonary hypertension : 1/5

Operable patients (n=427) Vs non operable

- ↗ male
- ↗ Past history of PE
- ↗ Recurrent PE
- ↗ Past history of DVT
- ↘ Potential others causes of Pulmonary hypertension

Comorbidities and CTEPH



➤ TTE (6 to 24 months after PE) in 557 patients :

sPAP>50 mmHg : 62 patients (11.1%; 95% CI: 8.72-14.1)

	All patients HR (95% CI)	Only women HR (95% CI)	Only men HR (95% CI)
Age ≥70 years	-	2.5 (0.9-6.8)	-
Female ≥70 years	2.0 (1.0-3.7)*	-	-
Chronic heart or lung disease	2.4 (1.3-4.4)†	2.8 (1.4-5.9)†	5.9 (1.3-26)*
Immobility ≥ 4 days	-	-	3.7 (0.9-14.8)
Shock index ≥1	-	-	4.0 (0.9-17.5)
Atrial fibrillation	2.8 (1.3-6.1)†	2.6 (1.1-5.7)*	-
Right bundle branch block	-	-	3.7 (1.0-13.1)*
S ₁ Q ₃ T ₃ pattern	-	-	0.1 (0.02-0.8)*
Varicose veins	1.8 (1.0-3.3)*	-	9.0 (2.0-41)†
Pleuritic pain	0.6 (0.3-1.0)	-	-

1. International CTEPH registry :

- Huge international collaboration, but highly selected population.
- **History of PE** in 3/4 patients, recurrent PE in 1/3
- Frequency of **past DVT**
- Operable group : male, with past VTE, without comorbidities.

2. RIETE registry :

- Huge international collaboration, but closer to « real-life »

3. Conjunction between RIETE and the CTEPH registry :

- may provide **complementary data**
- comfort « **thrombosis hypothesis** » of CTEPH... in **3/4 patients**.



*Thanks for your attention !
(and to S & H)*

CHU

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1. In patients with proven Chronic Thrombo-Embolic Pulmonary Hypertension (CTEPH), past history of PE is known in :
 - a. A minority of patients
 - b. Only in patients with biologic thrombophilia
 - c. A majority of patients
 - d. All patients

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- 2. In patients with proven CTEPH, past history of DVT is :**
- a. Unusual
 - b. Unnecessary to conclude to CTEPH
 - c. Known for a majority of patients
 - d. Known for all patients

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- 3. In patients with history of PE, elevated systolic Pulmonary Arterial Pressure is :**
- a. exceptional
 - b. Sufficient to conclude to CTEPH
 - c. Possibly linked to comorbidities
 - d. Found in a majority of patients

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	Tous les Patients (679)	Patients Opérables (427)	Patients Non-opérables (247)	
Gender (% hommes)	50	53,4	44,5	0,03
Age (median)	63	61	67	0,43
Past history of PE (%)	74,8	77,5	70	0,034
Past history of PEs (%)	32,8	35	28,8	0,2
Past history of DVT (%)	56	60,4	49	0,03
Fibrinolytic (%)	14,4	18,5	6,6	<0,01
IVCF (%)	12,4	13,7*	10,2	0,31
Others potential causes of PH (%)	21	17	27	<0,01