Special Issue

Pulmonary Hypertension: Pathophysiology, Innovative Exploration and Therapies

Message from the Guest Editors

Pulmonary hypertension (PH) is a haemodynamic condition defined by a pulmonary artery mean pressure (mPAP) > 20 mmHg measured at rest during right heart catheterisation. It is the consequence of various causes divided into five etiological groups. Group 1 is a category of rare pulmonary arterial diseases called pulmonary arterial hypertension (PAH). Despite the encouraging therapeutic options targeting different pathophysiological pathways, PAH is still associated with a poor outcome and may lead to lung transplantation. PH also frequently complicates chronic heart (group 2) or lung (group 3) diseases where it is a predictor of mortality. Chronic thromboembolic PH belongs to group 4. Group 5 includes PH of unknown or multifactorial mechanisms. The variety of PH aetiologies can therefore produce a real diagnostic and therapeutic challenge for patients addressed in pulmonary vascular expert centres. The accuracy of the diagnosis requires comprehensive work-up and insight into the implicated pathobiological and pathophysiological mechanisms. It also requires precise and reliable diagnostic tools.

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