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Summing Up: Know When Unexplained Dyspnea Is Something Really Serious

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum and is titled "Summing Up: Know When Unexplained Dyspnea Is Something Really Serious".

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Preston:

Summing up, know when unexplained dyspnea is something really serious.

Where is the air? The importance of explaining the unexplained dyspnea. Patients may develop dyspnea from many, many, many causes that can be part of their lungs, heart, or their systemic disease. But the importance of uncovering the cause of dyspnea cannot be understated. The route to diagnosis is multifactorial. You have to do a multitude, a battery of tests to find the cause of the dyspnea and unlike when we say PH is a rare disease, if you think about all PH, PH caused by lung disease, PH caused by heart disease and other causes, chronic clots, altogether, PH actually is not that uncommon. So keep it in mind. Now the key event is developing an index of suspicion for pulmonary hypertension. And if you find on the screening echo, abnormalities suggestive of pH, we recommend immediate referral from the community to the pH center so the collaborative effort can start early. Certain diagnostic tools form essential components to constructing the suspicion that pH is at the root cause of dyspnea and those include imaging and assessment of the heart, as well as assessment of the lung function and structure. And lastly, the only biochemical marker that suggests RV dysfunction is BNP or NT-pro BNP and all these together can help you, the practitioner, increase the index of suspicion and refer the patient for a confirmatory diagnosis for right heart catheterization and prompt initiation of the correct therapy.

Echo, probably the most important tool for the community physician and the PA center specialist. The echo imaging must gather good structural pictures, so it's very important to get a good look at the right ventricle, right atrium. But again, they are estimates. Other imaging techniques, such as V/Q scintigraphy with angiography and other newer techniques, such as SPECT, DECT, and cardiac MRI provide complimentary information and more detailed information on the structure and/or the function of the heart and the lungs. The confirmation of PH must be accomplished by the right heart catheterization and the interpretation of data and eventual management of the patient becomes a shared process between the PH center and the referring physician. So very important to establish a collaboration with a center near you, so you can refer these patients in a timely manner.

That sums up our discussion today. I thank you for joining me and I hope the information provided was important and valuable. Thank you.

Announcer:

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