

Pulmonary Artery Wedge Pressure Respiratory Variation Predicts Hemodynamic Response to Systemic Vasodilators

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INTRODUCTION

- Obesity and lung disease may enhance pulmonary arterial wedge pressure (PAWP) respiratory variation during right heart catheterization (RHC).
- Physiologic factors leading to PAWP respiratory variation (PAWP_{var}) are unknown, as are the implications of PAWP_{var}.
- We hypothesized that PAWP_{var} is associated with baseline PAWP and would predict response to sodium nitroprusside (SNP).

METHODS

- We performed a retrospective study of 88 RHC studies in 79 cardiomyopathy patients free of severe lung disease, 51 with SNP challenge, at MUSC from 2012 to 2019.
- PAWP_{var} was defined as expiratory minus inspiratory PAWP.

RESULTS





DISCLOSURES

No disclosures









Those who had > median $PAWP_{var}$ increase with SNP had greater CO augmentation compared with those who had < median increase in PAWP_{var} (1.7 \pm 1.5 vs. 0.9 \pm 0.7 l/min, p = 0.02)



Pulmonary vascular pressure declines with inspiration and it does so to a less extent than pleural pressure. Thus, pulmonary vascular transmural pressure (TMP) rises, as does pulmonary vascular volume. Left heart volume therefore declines during inspiration



Nitroprusside alters the pressure-volume relationships by shifting toward a more compliant portion of the pressure-volume relationship. Increased inspiratory volume sequestration in the pulmonary vasculature leads to greater reduction in inspiratory LV filling volume and pressure and thus augmented PAWP_{var}.

REFERENCES

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