## Usefulness of strain imaging to determine prognosis in pulmonary hypertension

V. Monivas Palomero, P. Remior, D. Garcia-Rodriguez, S. Garcia-Gomez, E. Garcia-Izquierdo, A. Borrego, S. Navarro, A. Martinez Mingo, C. Arellano-Serrano, J.F. Oteo, A. Garcia-Touchard, J.F. Goicolea, F. Hernandez Perez, S. Mingo

> University Hospital Puerta de Hierro Majadahonda, Department of Cardiology, Madrid, Spain Funding Acknowledgement: Type of funding source: None

**Introduction:** Pulmonary hypertension (PH) is defined as mean pulmonary arterial pressure (mPAP)  $\geq$ 25 mmHg at rest, measured by right heart catheterization (RHC).

**Purpose:** To describe classical and myocardial deformation echocardiographic parameters in patients with established PH and to identify prognostic variables

**Methods:** We prospectively enrolled 76 patients with mPAP  $\geq$ 25 mmHg undergoing RHC between 2017 and 2018. All subjects underwent transthoracic echocardiography (TTE) according to the latest ASE/EACVI guide-lines the same day of the RHC. Strain analysis was carried out by speckle-tracking echocardiography (QLAB 10.7, Philips). Clinical events during the follow-up were: acute heart failure hospitalization, cardiac transplant and all-cause mortality.

Results: Mean age was 59±12, 43.4% were women and 49 patients

(64.5%) belonged to group 2 of PH. The median follow-up was 288 (ICR 92–534) days. Total number of events was 42 (55.3%, 9 deaths). Variables associated to events are shown in Table 1. All classic LV and RV systolic function and strain parameters were associated with a worse prognosis, being free-wall RV longitudinal strain (RVLS) the only one that remained as a prognostic factor in mutivariate analysis. Other variables associated with a worse prognosis were PCP>15 mmHg and NT-proBNP>1800, the latter being independent predictor of events. The attached figure shows event-free survival curves for the global population divided according to whether or not they belong to group II PH.

**Conclusions:** Our data highlight the prognostic value of free-wall RVLS and NT-proBNP in patients with established PH. NT-ProBNP was only useful in group II PH while free-wall RVLS identified patients with a higher risk of events in both groups, mainly in patients with heart disease

Variables associated with events		
Variables	OR	Р
Univariate analysis		
NTproBNP > 1800	3.5 (1.7-7.4)	0.001
LVEF <40%	2.4 (1.3-4.4)	0.006
LV GLS <13	2.8 (1.5-5.4)	0.002
Free-wall RVLS <13.5	2.8 (1.4-5.6)	0.004
PCWP > 15	2.7 (1.3-5.6)	0.006
TAPSE <15.5	2 (1.1-3.8)	0.030
Multivariate analysis		
Free-wall RVLS <13.5	2.9 (1.4-5.9)	0.003
NTproBNP > 1800	4 (1.8–9.1)	0.00



