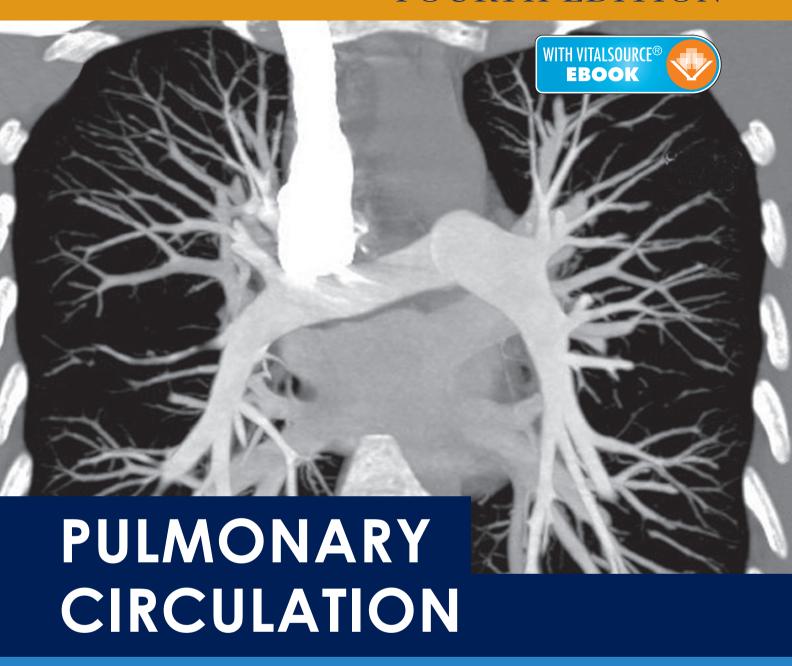
FOURTH EDITION



DISEASES AND THEIR TREATMENT

Edited by Andrew J Peacock Robert Naeije Lewis J Rubin



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Edited by

Andrew J. Peacock, MPhil, MD, FRCP Professor in Medicine Consultant Cardio Respiratory Physician Director Scottish Pulmonary Vascular Unit Regional Heart and Lung Centre Golden Jubilee National Hospital Glasgow, UK

Robert Naeije, MD, PhD

Emeritus Professor of Physiology and Medicine and Consultant Department of Cardiology Erasme Academic Hospital The Free University of Brussels Brussels, Belgium

Lewis J. Rubin, MD

Emeritus Professor of Medicine Emeritus Director Pulmonary and Critical Care Medicine University of California San Diego School of Medicine La Jolla, California, USA



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Dedication

To my wife Jila and my children Leila, Johnnie, and Vita, who have put up with so much over the years and never questioned my love for science and medicine even though their own interests lay elsewhere.

Andrew J. Peacock

To my wife Marie-Thérèse, my preferred coworker, and to mentor Henri Denolin (1915–2005), who was one of the first presidents of the European Society of Cardiology and constantly reminded his colleagues of the importance of the pulmonary circulation and the right ventricle.

Robert Naeije

To my family for their support, and to our patients, who serve as a constant reminder of the importance of our commitment.

Lewis J. Rubin

We would like to thank our colleagues from around the world who have been an inspiration to this book and in many cases contributors to it. Whether we work in Respiratory Medicine or Cardiology, we all share the view that the connection between the heart and lungs is important.

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Preface

The consequences of disturbed function of the pulmonary circulation remain an enigma to most clinicians. There is disturbance of pulmonary circulatory function in nearly all cardiac and pulmonary disease, yet this is rarely recognized or treated. The reasons for this relative obscurity when compared, for example, with the systemic circulation, are clear. The pulmonary circulation is difficult to examine clinically, and the tools we have for pulmonary circulatory measurement are either crude or invasive, or both. Even when we make invasive measurements with a cardiac catheter, we learn only about the circulation in artificial surroundings (the catheter laboratory), in an unrepresentative position (supine on the table), and in a state of artificially restricted activity. Clearly, we need clinical measurement techniques that will allow us to pursue pulmonary circulatory function in all states of human activity, both in normal people and in those with cardiorespiratory disease.

These are coming, but even now we know much about the pulmonary circulation that can help us in looking after patients in the ward and in the intensive care unit. Fortunately, there has been a great deal of research into the structure and function of the pulmonary circulation. We already understand much of its physiology and pathophysiology, and recently a number of effective therapies have been developed, tested, and put into clinical use with great effect. In this book, a distinguished group of authors, most of whom have a clinical background, have presented what is known about the pulmonary circulation in a readable and, more important, clinically relevant fashion, so that the information can be understood by practicing physicians. This is the fourth edition, with many completely new sections but a similar though more clinically orientated format. The book has been written especially with busy clinicians in mind, particularly those in respiratory medicine, cardiology, pediatrics, and intensive care. It has been deliberately structured so that a subject can be appreciated at any level from the purely clinical right down to the biochemical. This allows the reader to start with a chapter about a particular clinical issue and then, if interested, to pursue that subject from the clinical to the physiological to the biochemical level as he or she desires. Each chapter stands alone, so some repetition is inevitable, for which we make no apology, but this hierarchy of structure will, we hope, make the book accessible without diminishing the quality of the information that is presented.

For the fourth edition of *Pulmonary Circulation*, we have included the latest clinical, pathophysiological, and pathological research on pulmonary circulatory disorders. The editors believe that the brisk pace of discovery and development warranted updating the prior edition of Pulmonary Circulation in order to preserve its value as a resource for those interested in this field. In particular, we have provided a greater emphasis on the role of the right ventricle in pulmonary vascular disease, updated knowledge on pathobiology and genetics, and added new material regarding imaging and other diagnostic modalities. Perhaps the most significant advances in this field over the past few years have been achieved in medical therapy, and we have provided new sections on guanylate cyclase activators and combination therapy, in addition to updates on other therapeutics classes and treatment algorithms. Other therapeutics advances, such as balloon dilatation for inoperable chronic thromboembolic disease, are discussed in detail. We have also included the new classification and all the recommendations from the World Conference on Pulmonary Circulation in Nice, France, in 2013 and the latest guidelines from the European Society of Cardiology and the European Respiratory Society.

We are deeply appreciative to our colleagues who have agreed to serve as contributing authors to this book, most of whom are internationally recognized for the work about which they have written. We recognize the commitment of time and effort required to produce a scholarly chapter, and it is their willingness to contribute their expertise that makes this text authoritative.

We hope that *Pulmonary Circulation* will remain, in this fourth edition, a useful reference for the pulmonary hypertension specialist as well as clinicians and trainees alike in the fields of pulmonology, cardiology, pediatrics, and intensive care.

Finally, we wish to express our deep appreciation and gratitude to Kay Conerly and Jennifer Blaise at Taylor and Francis, our publishers, for their support and guidance through the editing process. Their expertise and professionalism helped make an arduous task easier.

Andrew J. Peacock Robert Naeije Lewis J. Rubin

Contributors

Steven H. Abman, MD

Professor of Pediatric Pulmonary and Critical Care

Medicine

Director

Pediatric Heart Lung Center

Department of Pediatrics

University of Colorado Denver School of Medicine

Aurora, Colorado, USA

Jonathan Afilalo, MD, MSc, FRCPC, FACC

Assistant Professor of Medicine

McGill University

Co-Director of Research

McGill Adult Cardiology Training Program

Departments of Medicine and Epidemiology

Jewish General Hospital

Montreal, Quebec, Canada

Eric D. Austin, MD, MSCI

Assistant Professor of Pediatrics

Department of Pediatrics

Director

Vanderbilt Pediatric Pulmonary Hypertension Program

Vanderbilt University School of Medicine

Nashville, Tennessee, USA

David B. Badesch, MD

Professor of Medicine

Divisions of Pulmonary Sciences & Critical Care Medicine

and Cardiology

Director

Pulmonary Hypertension Program

University of Colorado Denver

Aurora, Colorado, USA

Joan Albert Barberà, MD, PhD, FERS

Associate Professor

University of Barcelona

Head

Pulmonary Hypertension Unit

Department of Pulmonary Medicine

Hospital Clínic

Barcelona, Spain

Cassandra Batzlaff, MD

Division of Pulmonary and Critical Care Medicine

Mayo Clinic

Rochester, Minnesota, USA

Nicola Benjamin, MSc Med. Biometry and Statistics

Head of Study Coordination and Scientific Project

Management

Center for Pulmonary Hypertension

Thoraxclinic at the University Hospital Heidelberg

Heidelberg, Germany

Rolf M.F. Berger, MD, PhD

Pediatric and Congenital Cardiology

Center for Congenital Heart Diseases

Beatrix Children's Hospital

University Medical Center Groningen

Groningen, The Netherlands

Isabel Blanco, MD, PhD

Associate Professor

University of Barcelona

Department of Pulmonary Medicine

Hospital Clínic

August Pi i Sunyer Biomedical Research Institute

(IDIBAPS)

Barcelona, Spain

Evan L. Brittain, MD, MSc

Assistant Professor of Medicine

Division of Cardiovascular Medicine

Vanderbilt University Medical Center

Nashville, Tennessee, USA

Todd M. Bull, MD

University of Colorado Denver

Aurora, Colorado, USA

Rodrigo Cartin-Ceba, MD, MSc

Pulmonary and Critical Care Medicine

Mayo Clinic

Scottsdale, Arizona, USA

François Chabot, MD, PhD

Université de Lorraine

CHU Nancy

Pôle des Spécialités Médicales

Département de Pneumologie

Vandoeuvre-lès-Nancy, France

Ari Chaouat, MD, PhD

Professor

Université de Lorraine

CHU Nancy

Pôle des Spécialités Médicales

Département de Pneumologie

Vandoeuvre-lès-Nancy, France

Cyril Charron, MD

Assistance Publique-Hôpitaux de Paris

University Hospital Ambroise Paré

Intensive Care Unit

Section Thorax-Vascular Disease-Abdomen-Metabolism

Boulogne-Billancourt, France

Colin Church, BSc(Hons), MBChB, MRCP

Wellcome Trust Clinical Research Fellow

Scottish Pulmonary Vascular Unit and Institute of

Cardiovascular Sciences

University of Glasgow

Glasgow, Scotland

Paul A. Corris, FRCP

Professor of Thoracic Medicine

Institute of Cellular Medicine

Newcastle University and Newcastle Upon Tyne Hospitals

NHS Foundation Trust

Newcastle upon Tyne, UK

Vincent Cottin, MD, PhD

Professor of Respiratory Medicine

Claude Bernard Lyon 1 University

National Reference Center for Rare Pulmonary Diseases

Department of Respiratory Medicine

Louis Pradel Hospital

Lyon, France

Daniel Dalos, MD

Department of Internal Medicine II

Division of Cardiology

Medical University of Vienna

Vienna, Austria

Michele D'Alto, MD, PhD, FESC

Department of Cardiology

Second University of Naples

Monaldi Hospital

Naples, Italy

Edward C. Dempsey, MD

University of Colorado Denver

Aurora, Colorado, USA

Konstantinos Dimopoulos, MD, MSc, PhD, FESC

Consultant Cardiologist

Honorary Senior Lecturer

Royal Brompton Hospital

Imperial College London

London, UK

Peter Dorfmüller, MD, PhD

Department of Pathology and INSERM UMR_S 999, LabEx

LERMIT

Marie Lannelongue Hospital

Le Plessis-Robinson, France

Daniel Dumitrescu, MD

Centre National de Référence de l'Hypertension Artérielle

Pulmonaire

Hôpital Antoine-Béclère

Université Paris

Paris, France

Michael B. Fallon, MD

Professor of Medicine

Division of Gastroenterology, Hepatology and Nutrition

The University of Texas Health Science Center at Houston

Houston, Texas, USA

Elie Fadel, MD, PhD

Department of Thoracic and Vascular Surgery and

Heart-Lung Transplantation

Marie-Lannelongue Hospital

Paris-Sud University

Le Plessis Robinson, France

Caio Júlio César dos Santos Fernandes, MD, PhD

Pulmonary Circulation Unit

Heart Institute

University of São Paulo Medical School

São Paulo, Brazil

Anna Fijałkowska, MD, PhD

Department of Cardiology

Institute of Mother and Child

Warsaw, Poland

Daniel Fox, MD

University of Colorado Denver

Aurora, Colorado, USA

Hennig Gall, MD

Professor

University of Giessen and Marburg Lung Center (UGMLC)

German Center for Lung Research (DZL)

Excellence Cluster Cardio-Pulmonary System (ECCPS)

Giessen, Germany

Francisca Gavilanes, MD

Pulmonary Circulation Unit

Heart Institute

University of São Paulo Medical School

São Paulo, Brazil

Jorge Gaspar, MD, FACC

Vice Director of Diagnosis and Treatment Ignacio Chavez National Institute of Cardiology Professor of Interventional Cardiology Universidad Nacional Autónoma de México Mexico City, Mexico

Christian Gerges, MD

Department of Internal Medicine II Division of Cardiology Medical University of Vienna Vienna, Austria

Hossein-Ardeschir Ghofrani, MD

Professor of Internal Medicine University of Giessen and Marburg Lung Center (UGMLC)

German Center for Lung Research (DZL) Excellence Cluster Cardio-Pulmonary System (ECCPS) Giessen

Department of Pneumology Kerckhoff Heart and Thoracic Center Bad Nauheim, Germany Department of Medicine Imperial College London London, UK

Mark T. Gladwin, MD

Jack D. Myers Professor and Chair
Chairman of the Department of Medicine
Director
Pittsburgh Heart, Lung, Blood and Vascular Medicine
Institute

University of Pittsburgh Medical Center and the University of Pittsburgh School of Medicine Pittsburgh, Pennsylvania, USA

Mardi Gomberg-Maitland, MD, MSc

Associate Professor of Medicine Section of Cardiology University of Chicago Chicago, Illinois, USA

Emmanuel Gomez, MD

CHU Nancy Pôle des Spécialités Médicales Département de Pneumologie Vandoeuvre-lès-Nancy, France

Brian Graham, MD

University of Colorado Denver Aurora, Colorado, USA

Friedrich Grimminger, MD, PhD

Professor of Internal Medicine
University of Giessen and Marburg Lung Center (UGMLC)
German Center for Lung Research (DZL)
Excellence Cluster Cardio-Pulmonary System (ECCPS)
Giessen

Department of Pneumology Kerckhoff Heart and Thoracic Center Bad Nauheim, Germany

Jan Grimminger, MD

University of Giessen and Marburg Lung Center (UGMLC) German Center for Lung Research (DZL) Excellence Cluster Cardio-Pulmonary System (ECCPS) Giessen

University Medical Center Hamburg-Eppendorf (UKE) Center for Pulmonary Arterial Hypertension Hamburg (CPAHH)

Martin Zeitz Center for Rare Diseases Hamburg, Germany

Ekkehard Grünig, MD

Center for Pulmonary Hypertension Thoraxclinic at the University Hospital Heidelberg Heidelberg, Germany

Marco Guazzi, MD, PhD, FACC, FAHA

Professor of Cardiology University of Milano School of Medicine Chief of University Cardiology Unit I.R.C.C.S Policlinico San Donato San Donato Milanese, Milano, Italy

Anne Guillaumot, MD

CHU Nancy Pôle des Spécialités Médicales Département de Pneumologie Vandoeuvre-lès-Nancy, France

Paul M. Hassoun, MD

Professor
Division of Pulmonary and Critical Care Medicine
Department of Medicine
Johns Hopkins University School of Medicine
Baltimore, Maryland, USA

Anna R. Hemnes, MD

Assistant Professor of Medicine Division of Allergy, Pulmonary and Critical Care Medicine Vanderbilt University Medical Center Nashville, Tennessee, USA

Marius M. Hoeper, MD

Professor, Department of Respiratory Medicine German Center for Lung Research (DZL) Hannover Medical School Hannover, Germany

J.M.B. Hughes, DM, FRCP

Honorary Professorial Fellow National Heart and Lung Institute Imperial College London London, UK

Marc Humbert, MD, PhD

Faculté de Médecine
Université Paris-Sud
Assistance Publique – Hôpitaux de Paris
Service de Pneumologie et Soins Intensifs Respiratoires
Centre de Référence de l'Hypertension Pulmonaire Sévère
Hôpital Bicêtre
Le Kremlin-Bicêtre
INSERM U999

Hypertension Artérielle Pulmonaire: Physiopathologie et Innovation Thérapeutique L'Institut Paris-Sud d'Innovation Thérapeutique Centre Chirurgical Marie-Lannelongue Le Plessis-Robinson, France

Dunbar Ivy, MD

Professor of Pediatrics Chief and Selby's Chair of Pediatric Cardiology University of Colorado School of Medicine Children's Hospital Colorado Aurora, Colorado, USA

Xavier Jaïs, MD
Faculté de Médecine
Université Paris-Sud
Assistance Publique – Hôpitaux de Paris
Service de Pneumologie et Soins Intensifs Respiratoires
Centre de Référence de l'Hypertension Pulmonaire Sévère
Hôpital Bicêtre
Le Kremlin-Bicêtre
INSERM U999
Hypertension Artérielle Pulmonaire: Physiopathologie et
Innovation Thérapeutique
L'Institut Paris-Sud d'Innovation Thérapeutique

Le Plessis-Robinson, France

Carlos Jardim, MD, PhD

Pulmonary Circulation Unit

Heart Institute University of São Paulo Medical School São Paulo, Brazil

Centre Chirurgical Marie-Lannelongue

Karina Keogh, MB BCh, MS

Division of Pulmonary and Critical Care Medicine Mayo Clinic Rochester, Minnesota, USA

Kim M. Kerr, MD

Clinical Professor of Medicine Division of Pulmonary, Critical Care and Sleep Medicine University of California, San Diego San Diego, California, USA

Nick H. Kim, MD

Clinical Professor of Medicine
Pulmonary and Critical Care Medicine
Director
Pulmonary Vascular Medicine
Director
Fellowship Training Program
University of California San Diego
La Jolla, California, USA

Todd M. Kolb, MD, PhD

Division of Pulmonary and Critical Care Medicine Department of Medicine Johns Hopkins University School of Medicine Baltimore, Maryland, USA

Baktybek Kojonazarov, MD, PhD

Department of Pulmonary Pharmacotherapy Excellence Cluster Cardio-Pulmonary System Justus-Liebig University of Giessen Giessen, Germany

Stavros V. Konstantinides, MD, PhD, FESC, FRCP(Glasg)

Professor for Clinical Trials and Medical Director Center for Thrombosis and Hemostasis (CTH) Johannes Gutenberg University of Mainz Mainz, Germany

Gabor Kovacs, MD

OA Priv. Doz. Dr. med. Division of Pulmonology Department of Internal Medicine Medical University of Graz Graz, Austria

Michael J. Krowka, MD

Pulmonary and Critical Care Medicine Mayo Clinic Rochester, Minnesota, USA

Marcin Kurzyna, MD, PhD

Department of Pulmonary Circulation and Thromboembolic Diseases Medical Center for Postgraduate Education Europejskie Centrum Zdrowia Otwock, Poland