

Pulmonary endarterectomy achieves excellent results for patients with segmental CTEPH

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A new study, presented today at the AATS 101st Annual Meeting, found that patients treated surgically for segmental Chronic Thromboembolic Pulmonary Hypertension (CTEPH) had excellent outcomes with the vast majority doing very well in the long term without any additional treatment other than surgery. In addition, the study found that the proportion of CTEPH patients with segmental disease increased dramatically during the study period—from 2005 to 2020. At the beginning of the study, roughly seven percent of patients were diagnosed with segmental disease. During the last five years of the study, the proportion rose to an average of 41 percent of patients.

CTEPH is a major cause of pulmonary hypertension with Pulmonary endarterectomy

(PEA) showing great success at treating the condition and potentially offering a cure for both proximal and segmental disease. The study performed a comprehensive analysis of all CTEPH [patients](#) undergoing PEA at University of Toronto between August 2005 and March 2020. Follow-up was completed for all patients. Disease located at the segmental level and more distally was defined as Jamieson type 3 and compared to more proximal disease defined as Jamieson type 1 and 2 (Type 1-2).

At 12 months, 76 percent of patients with segmental disease who underwent PEA were returned to virtually normal function, with the

remaining 24 percent requiring some degree of pulmonary hypertension (PH) therapy and/or balloon angioplasty. Anecdotally, the study found that patients who were treated with PH therapy preoperatively were more likely to require continued PH therapy post-operatively.

According to Dr. Marc de Perrot, Director of the CTEPH program at University of Toronto, while the proportion of patients with segmental disease has increased dramatically, PEA results in excellent long-term outcomes. "Segmental CTEPH is a surgical disease," explained de Perrot. "With surgery, patients show 80 percent long-term survival and good quality of life. The most important factor is a [multidisciplinary approach](#) to reassess and provide additional treatment post-operatively if necessary."

More information: "Outcome After Pulmonary Endarterectomy For Segmental Chronic Thromboembolic Pulmonary Hypertension. A Canadian National Cohort Study." Presented by Marc de Perrot MD, May 2, 2021 at the AATS 101st Annual Meeting.

Provided by American Association for Thoracic Surgery

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