

3.21 An audit of ventilation perfusion imaging in patients with connective tissue disease associated pulmonary arterial hypertension

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Background: Extensive assessment is required prior to assigning a clinical group and subgroup for patients with suspected pulmonary arterial hypertension (PAH). These investigations include ventilation perfusion (VQ) imaging, which is required to screen for chronic thromboembolic pulmonary disease (CTEPD) which is amenable to specific interventions. The aim of this study was to assess compliance with VQ screening in subjects with connective tissue disease (CTD) associated PAH.

Methods: Cases of CTD-PAH which were referred to the national pulmonary hypertension unit between 2010 and 2020 were included (IRB:1/378/2176TMR).

Results: Eighty cases of CTD-PAH were identified during the study period. VQ scanning was performed in 52% of cases (n=42) and was reported as normal in 51% (n=41) and indeterminate in 1 case. There were no positive VQ scans. VQ imaging was not performed in the remaining 48% (n=38).

Conclusion: This data highlights that improved compliance with VQ scanning is required for patients with CTD-PAH, as cases of comorbid CTEPD may be missed. Reassuringly none of the VQ scans performed during this period were positive.

Disclosures:

Conflict of Interest: The authors have no conflicts of interest regarding this abstract