

Outcomes of Pulmonary Endarterectomy for Chronic Thromboembolic Pulmonary Hypertension Patients in Latvia

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Introduction. Chronic thromboembolic pulmonary hypertension (CTEPH) results from incomplete resolution of the vascular obstruction associated with pulmonary embolism. Pulmonary endarterectomy (PEA) is the treatment of choice in CTEPH.

Aim. The aim of the study is to analyse the efficacy, mortality and quality of life after ten months of PEA.

Material and Methods. This is a prospective analysis of three patients in Latvia with surgically correctable CTEPH that first underwent PEA between July 2013 and March 2014 in Pauls Stradins Clinical University Hospital, Latvian Cardiology Center, Latvia. PEA was performed in cooperation with colleagues from Warsaw, Poland. Before the PEA, patients New York Heart Association (NYHA) functional class was detected as III–IV. All patients were followed up to ten months and a 6-minute walk test (6MWT) was conducted before and ten months after the PEA to objectively assess exercise capacity (NYHA functional class).

Results. Before PEA the 6MWT results were only 125, 150 and 34 m. Ten month after the PEA a significant increase in 6MWT results was observed: 500, more than 600 and 680 m, respectively; resulting symptomatic improvement of patients in the NYHA functional classes (from III–IV to class I). Ten-month mortality rate in the study was 0%. All patients reported a significant improvement in the quality of life and exercise tolerance after surgery compared to the preoperative state.

Conclusions. PEA is an effective and potentially curative surgical treatment method for patients with CTEPH. Current techniques of operation make the procedure relatively safe and long-term survival, NYHA functional status and exercise capacity improve significantly.