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**Whether the proposed of new pulmonary hypertension criteria has an impact on pediatric and adolescent patients?**

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According to the 6th World Symposium on Pulmonary Hypertension, there was a new proposed criterion for pulmonary hypertension (PH) diagnosis with the mean pulmonary artery pressure (mPAP)  $\geq 20$  mmHg instead of  $\geq 25$  mmHg. Very little data is available for pediatric and adolescent pulmonary hypertension patients whether the diagnostic criteria change would have an impact of patient care.

Objective: To define whether lower the bar for pulmonary hypertension diagnosis would increase the number of pediatric and adolescent patients and change their management.

Method: Retrospectively review of the previous cardiac catheterization record, the data was sourced out and defined the PH cases base on the existing criteria versus the newly proposed criteria. The patients were divided into 3 groups according to their mPAP, specifically group A:  $< 20$  mmHg, group B: 20-24mmHg, and group C: 25mmHg.

Result: A total of 85 patients underwent cardiac catheterization for hemodynamic evaluation with complete data record at a tertiary care center specialized in pediatric pulmonary hypertension. Group A composed of 32 patients with mean age of 8.95 years and mean mPAP 15 mmHg. There were 8 patients in group B with their mean age of 10.7 years and mean mPAP 21.7 mmHg while their pulmonary vascular resistance  $< 3$  WU.m<sup>2</sup>. While 44 patients in group C, mean age 7.41 years, had their mean mPAP 28 mmHg.

Conclusion: With the newly proposed PH criteria, there was 18% increase in number of patients diagnosed with PH in comparison with previous criteria for PH diagnosis. This group of patients, who had mPAP 20-24 mmHg, had pulmonary vascular resistance less than 3 WU.m<sup>2</sup>. Therefore, the increase number of patients, due to newly criteria for PH diagnosis, did not have a significant impact on patient management in term surgery management or pulmo