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Current status and remaining problems of balloon pulmonary angioplasty for the treatment of chronic thromboembolic pulmonary hypertension

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Progress in medical treatment for pulmonary arterial hypertension has improved the prognosis of the patients. However, patients with chronic thromboembolic pulmonary hypertension (CTEPH) have been left behind this progress. There has been no effective therapeutic option especially for the patients diagnosed as unsuitable for endarterectomy. Recently, we reported our initial experience of balloon pulmonary angioplasty (BPA) for the treatment of 68 patients with CTEPH. Although overall outcome of angioplasty was almost comparable to that of endarterectomy, there were remaining problems to be resolved such as the risk of post procedural pulmonary injury and the existence of learning curve in reducing the complication. We have been trying to elucidate the cause of post procedural pulmonary injury and found that most complications were caused by BPA related vascular injury (BRVI). Some of the BRVI seems to be related to balloon dilatation itself. Remaining BRVI seems to be caused by wire injury and it would be the reason of learning curve. After the refinement of our procedure, BRVI have been almost eliminated. In most recent 400 BPA procedures, we have never experienced severe BRVI. Now, we consider that the safety and the efficacy of BPA have been established. In this presentation, I'd like to talk about the current status of BPA based on our experience in more than 200 inoperable patients with CTEPH.

Biography

Hiromi Matsubara had completed his Ph.D. from Okayama University Medical School in 2000 and was promoted as Associate Professor of Cardiovascular Medicine at Okayama University Graduate School of Medicine and Dentistry. He then became the Director of Division of Cardiology at National Hospital Organization Okayama Medical Center and also serves as the Director of Department of Clinical Science since 2010. His investigative interests have focused on clinical and physiologic aspects of pulmonary hypertension. He has made National Hospital Organization Okayama Medical Center as one of the largest pulmonary hypertension center in Japan.

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