

2nd International Conference on

Internal Medicine & Hospital Medicine

September 13-14, 2017 Dallas, USA

Utility of orteodoxy by pulse oximetry in the diagnosis of hepatopulmonar syndrome**Aguilar García C R**

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Hepatic insufficiency secondary to alcohol intake is one of the main causes of morbi mortality in our country (Mexico). It is a chronic disease that leads patients to death. A wide variety of complications arise (upper gastrointestinal bleeding, portal hypertension, ascites, hepatic encephalopathy, etc.). Within these complications is the hepatopulmonar syndrome (SHP) entity that has a high prevalence in patients with liver damage chronic, which usually goes unnoticed and therefore is not diagnosed. The SHP is little studied and has been relegated by different medical specialties gastroenterologists, pneumologists and hepatologists. The natural history of the syndrome is not known accurately once diagnosed. Although angiography is the gold standard for establishing the presence of intrapulmonary vasodilation that explains the pathogenesis of this syndrome, contrast echocardiography has emerged as a study with such a high sensitivity and specificity to reasonably supply angiography in the diagnosis. Considering the above, it is proposed to determine the orteodoxy as an index of timely detection of cases to be later corroborated with extension studies. Orthodoxy is defined as the desaturation of arterial blood (in more than 10% of baseline values) with the patient standing and reversing with decubitus. In order to evaluate orteodoxy by pulse oximetry in the detection of SHP cases we propose the estimation of the sensitivity, specificity, positive predictive value and negative predictive value as well as the accuracy of the procedure under study, considering the diagnostic standard to echo cardiogram contrast.

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