

Methods 15 patients with PPH including nine males and six females were included in the study. Clinical features about Symptoms, physical examination findings and laboratory test results were evaluated.

Results Dyspnoea was seen in 15 patients (100%), accentuated P2 in 10 patients (66.7%), systolic murmur of tricuspid area in 12 patients (80%), PaO₂ <70 mm Hg in 15 patients (100%), with an average of (58.6±9.3) mm Hg. X-ray showed prominent pulmonary artery segment in 11 patients (73%), ECG with leads V1 R/S>1 in 9 patients (60%), echocardiography showed tricuspid regurgitation in 15 patients (100%), increase in right ventricular diameter of 10 patients (66.7%), right ventricular anterior wall thickening in 6 patients (40%). Child-Pugh Classification A of five cases, with an average of (64.4±8.1) mm Hg in PaO₂ and (53.6±8.4) mm Hg in pulmonary arterial systolic pressure. Child-Pugh Classification B of three cases, with an average of (60.7±8.4) mm Hg in PaO₂ and (68.3±12.6) mm Hg in pulmonary arterial systolic pressure. Child-Pugh Classification C of seven cases, with an average of (53.6±8.6) mm Hg in PaO₂ and (75.7±16.4) mm Hg in pulmonary arterial systolic pressure.

Conclusions Dyspnoea is an important clinical manifestation in PPH patients. Accentuated pulmonary second heart sound is the common features of pulmonary hypertension. X-ray, electrocardiogram could also show the increase of pulmonary arterial pressure. Our results suggest that the severity of PPH increases with lower blood oxygen pressure, as the liver function (Child Pugh classification higher) gets worse in elderly patients with portal hypertension.

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CLINICAL ANALYSIS OF 15 CASES WITH PORTOPULMONARY HYPERTENSION IN ELDERLY PATIENTS

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Objectives The aim of this study is to summarise the clinical features of PPH of the elderly patients with portal hypertension.