

Answer to the letter Lung vascular disorders in liver transplant tertiary referral centers in Mexico

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The author's reply:

We thank Dr. Mateo Porres-Aguilar, *et al.* for their interesting remarks concerning our study and appreciate their valuable suggestions about the screening of lung vascular disorders in all patients on the waiting list for liver transplantation.¹ We are a multidisciplinary team (hepatologists, surgeons, cardiologists, pulmonologists, critical care specialists, anesthesiologists), and have evaluation protocols in agreement with the practice guidelines of the American Association for the Study of Liver Diseases.² Portopulmonary hypertension (POPH) is a well recognized risk factor that can adversely affect the outcome of orthotopic liver transplantation and it is related to the severity of the condition.^{3,4} Hepatologists should consider this complication even in the absence of clinical manifestations and should also evaluate each patient in order to discard this pathology before including them in the waiting list.⁵ All patients in our center undergo a cardiac and pulmonary evaluation and also a screening for POPH. Invasive cardiologists are actively involved and are aware of this particular condition. In addition to physical examination, chest radiography, electrocardiogram, arterial blood gas measurements and pulmonary function testing a transthoracic echocardiography with Doppler estimation of pulmonary artery systolic pressure (PASP) is used as a screening tool and a cut off of 40 mmHg to identify candidates for right heart catheterization is used.⁶⁻⁸ We would like to mention that from all of the patients included in the cardiovascular risk factors

analysis 15 of them (57.6%) had their transplantation done in other different centers. Two of this patients had tricuspid insufficiency, one of them belonged to a different hospital and the other was from ours. All our patients had PSAP (< 40 mmHg), and no signs of right ventricular hypertrophy or dilatation. We know that the absence of PPH at the time of the evaluation does not exclude the occasional occurrence of POPH after listing.⁹ The timing in our waiting list is in average from 8 to 12 months so, we evaluate them every six months.

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