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| **The Prevalence of Pulmonary Hypertension Associated with Post-Tuberculosis Lung Disease** |
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| **Introduction/Aim:** Post-Tuberculosis lung disease (PTLD) is an under-recognized sequelae of tuberculosis with a significant global health burden. Pulmonary hypertension (PHT) associated with PTLD may be significant, but is infrequently studied. Our aim was to determine the prevalence of PHT among patients with a history of tuberculosis.  **Methods:** Retrospective cohort study of all adults completing tuberculosis treatment at St Vincent’s Hospital, Sydney between January 2013 and January 2022. Patient demographics, co-morbidities, transthoracic echocardiogram (TTE), right heart catheter (RHC) and CT chest imaging data (including evidence of structural lung disease, pulmonary artery diameter (PAD) and pulmonary artery:aorta (PA:A) ratio) were collected from electronic medical records. Variables were reported as mean ±standard deviation and number (percentage).  **Results:** 116 patients successfully completed TB treatment with a mean age of 45 ±21 years and a male predominance (59%). No patient had pre-existing PHT, however 13 (11%) had co-morbidities associated with PHT (respiratory disease, obstructive sleep apnoea, cardiovascular disease, or prior pulmonary embolism). Of 73 (63%) patients with CT imaging post treatment, 67 (92%) had radiological evidence of structural lung disease. For patients with structural lung disease, 41 (56%) demonstrated pulmonary fibrosis, 10 (14%) radiological emphysema and 22 (30%) bronchiectasis. The PAD was >29mm in 31 (27%) patients and 32 (28%) had a PA:A ratio >1, suggestive of PHT. Of 9 (8%) patients that underwent TTE post treatment, 1 patient was diagnosed with PHT. No patient had a RHC post treatment.  **Conclusion:** Tuberculosis patients demonstrated a high prevalence of structural lung disease and radiological features of pulmonary hypertension, however no patients underwent RHC. The raised PAD and PA:A ratio suggested pulmonary hypertension in almost 30% of our cohort. Future studies incorporating screening CT imaging, TTE and directed RHC are required to better characterise the burden of pulmonary hypertension in PTLD.  **Grant Support:** None.  **Declaration of interests:** None.  **Conflicts of interest:** None.  **Key words:** Post tuberculosis lung disease, tuberculosis, pulmonary hypertension**.**  **References:** None.  **Word Count:** 294. |

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