This book provides a sound overview of the current state of the art in the pathobiology, pathophysiology, diagnosis and treatment of severe pulmonary hypertension and Eisenmenger’s syndrome in patients with congenital heart defects. This is particularly important since for some years now the quality of life and probably also the long-term prognosis of affected patients can be favourably influenced through pharmacotherapy. In addition to a management algorithm, clinically relevant features of the multiple organ involvement in patients with Eisenmenger’s syndrome are presented in a comprehensive and understandable fashion. Relevant pitfalls in the diagnosis and therapy are clearly shown. The book is intended for everyone responsible for the clinical care of patients with pulmonary hypertension within the context of congenital heart defects.
Congenital heart disease Eisenmenger syndrome Epidemiology Fontan Operability Pulmonary hypertension Pulmonary hypertensive vascular disease Pulmonary vascular resistance Shone’s complex Single ventricle World Health Organization classification of pulmonary hypertension. This is a preview of subscription content, log in to check access. References. 1. Adatia I, Kothari SS, Feinstein JA (2010) Pulmonary hypertension associated with congenital heart disease: pulmonary vascular disease: the global perspective. Chest 137:52Sâ€“61SPubMedCrossRefGoogle Scholar. 2. Pulmonary arterial hypertension,[1] Ayerza syndrome[2]. Pulmonary hypertension. Specialty.Â Pathogenesis in pulmonary hypertension due to left heart disease (WHO Group II) is completely different in that constriction or damage to the pulmonary blood vessels is not the issue. Instead, the left heart fails to pump blood efficiently, leading to pooling of blood in the lungs and back pressure within the pulmonary system.Â In pulmonary hypertension due to lung diseases and/or hypoxia (WHO Group 3), low levels of oxygen in the alveoli (due to respiratory disease or living at high altitude) cause constriction of the pulmonary arteries.