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P15-17 Proportion of pulmonary hypertension in drug resistant tuberculosis patient

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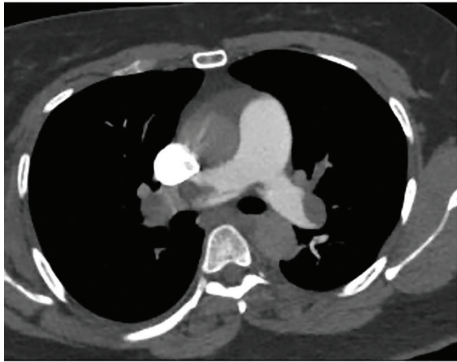
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to develop venous thromboembolism especially among hospitalized patients. It is postulated that pulmonary microthrombosis (PMT) is the cause of the local hypercoagulability rather than embolization from distal sites. (Sakr, 2020)

Methods: We discuss a case of pulmonary embolism in a covid confirmed patient, classified as intermediate-high risk based on the simplified Pulmonary Embolism Severity Index (sPESI), and was given half-dose thrombolysis (Alteplase 50mg over 2hrs). This was done in a setting of a patient who is a young female, with massive bilateral pulmonary embolism on CTPA (CT pulmonary angiography) and severe right ventricular dysfunction on echocardiography.

Results: There was significant decrease in the sizes of the multiple thromboembolism noted on CTPA (from 5.1×1.7 cm to 3.1×1 cm in the distal right pulmonary artery; from 4.6×1.5 cm to 1.6×0.9 cm in the distal left pulmonary artery). In the pre-thrombolysis echocardiography, there was dilated right ventricular size with hypokinetic base and depressed systolic function with signs of pressure overload. Post thrombolysis 2decho already revealed normal right ventricular dimensions with normal contractility and systolic function. There was also improvement in the alveolar partial pressure of oxygen (PaO_2)/fraction of inspired oxygen (FiO_2) ratio (PFR) of 142%. No major bleeding was observed after the thrombolysis.

Conclusion: Our findings suggest that administration of half dose thrombolysis is beneficial to intermediate-high risk patients with massive pulmonary embolism.

1 P15-17 | Proportion of pulmonary hypertension in drug resistant tuberculosis patient

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Background and Aims: Pulmonary hypertension is a progressive disease with a high mortality rate. The causes of

pulmonary hypertension are classified into five groups, one of which is lung disease (group 3). Drug-resistant tuberculosis (DR-TB) is a chronic lung disease manifested by damage to the lung parenchyma and pulmonary blood vessels. Increased pulmonary vascular pressure is suspected to be the cause of complications in DR-TB patients. This study is focusing to determine the proportion of pulmonary hypertension using echocardiography in drug-resistant tuberculosis patients.

Methods: This study was a cross-sectional study of drug-resistant tuberculosis patients who were treated at the MDR TB polyclinic at Persahabatan Hospital, Jakarta, Indonesia and then carried out an echocardiography examination at the Cardiology Polyclinic at the Persahabatan Hospital, Jakarta, Indonesia from August to October 2020. The measurement method was conducted using echocardiography probability criteria from European Society of Cardiology in 2015.

Results: 65 DR-TB patients met the inclusion criteria. Male subject was dominant at 50.7%, the age group was 18-40 years in total 80% patients and 73.8% of the patient were had a history of previous Tuberculosis treatment. The proportion of pulmonary hypertension from echocardiography in the low probability group was 95.3% and the moderate probability group was 4.7%.

Conclusions: The proportion value of pulmonary hypertension in TB-RO patients are 95.3% in the low probability group and 4.7% in the moderate probability group.

Keywords: DR-TB, echocardiography, probability of pulmonary hypertension.

P16: Interstitial Lung Disease

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Hirotaka Nishikiori¹, Kenichi Hirota², Tomohiro Suzuki³, Yuzo Takagi⁴, Seiwa Honda³, Kimiyuki Ikeda¹, Yuki Mori¹, Yuichiro Asai¹, Hirofumi Onishi⁵, Hirofumi Chiba¹

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