FROM THE DIRECTOR'S DESK

Is Pulmonary Hypertension in Adults with Sickle Cell Disease as Common as Previously Reported?

A clinical VWXG\ FRQGXFWHG E\ *ODGZLQ HW DO ZDV SXEOLVKHG LQ WKH 1HZ (QJODQG -RXUQDO RI 0HGLFLQH LQ ZKLFK reported pulmonary hypertension has a prevalence of LQ DGXOWV ZLWK VLFNOH FHOO GLVHDVH ZKR XQGHUZHQW WUDQVWKRUDFLF HFKRFDUGLRJUDPV &RQ¿UPDWRU\ WHVW FDOOHG DQ HFKRFDUGLRJUDP SRLQW ZKDW VHHPV UHDVRQDEOH LV ZKH EDVHG RQ WKH HDUOLHU VWXG\ XVLQJ WH GDWD D VLPSOH QRQ LQYDVLYH WHVW FDOOHG DQ HFKRFDUGLRJUDP supports a diagnosis of pulmonary hypertension; the HFKRFDUGLRJUDP LV D XVHIXO VFUHHQLQ XVHG DV D GLDJQRVWLF WRRO :KHQ FOL RI EUHDWK RQ H[HUWLRQ MXJXODU YHQR extremity edema, unexplained pleural effusions, tricuspid WULFXVSLG UHJXUJLWDWLRQ &RQ¿UPDWRU\ WHVW VXJJHVW D LQGHSHQGHQW RI FOLQLFDO ¿QGLQJV WUHDWPHQW RI WKLV DEQRUPD ¿QGLQJ PD\ EH EHQH¿FLDO ,Q D PRUH UHFHQW VWXG\ 3DUHQW HW DO SXEOLVKHG D VWXG\ LQ WKH 1HZ (QJODQG RI 0HGLFLQH -XO\ WKDW VKRZHG WKDW WKH HFKRFDUGLRJUDP VXJJHVWLYH RI SXOPRQDU\ K\SHUWHQVLRQ ZKR XQGHUZHQW ULJKW KHDUW FDWKHWHUL]DWLRQ &RQ¿UPDWRU\ WHVW FDOOHG DQ HFKRFDUGLRJUDP JROG VWDQGDUG IRU GLDJQRVLQJ SXOPRQDU\ K\SHUWHQVLRQ were frequently misdiagnosed with pulmonary hypertension. :KHQ XVLQJ ULJKW KHDUW FDWKHWHUL]DWLRQ DV WKH GLDJQRVWLF WRRO WKH SUHYDOHQFH RI SXOPRQDU\ K\SHUWHQVLRQ ZDV ¿QGLQJ KDV OHIW WKH VLFNOH FHOO KHDOWKFDUH FRPPXQLW\ ZLWK the questions, what is the optimal approach for screening those patients who are at risk for pulmonary hypertension? DQG ZKR VKRXOG XQGHUJR ULJKW KHDUW FRQ¿UPDWRU\ WHVW" 7KH ODWHU VWXG\ LV TXLWH VLJQL¿FDQ GXOW FOLQLFDOOH ZLWK VLFNOH FHOO GLV inappropriately treated for pulmonary hypertension EDVHG RQ WKH HDUOLHU VWXG\ XVLQJ WH GDWD that demonstrates how clinicians should proceed. At this SRLQW ZKDW VHHPV UHDVRQDEOH LV ZKH HFKRFDUGLRJUDP HFKRFDUGLRJUDP LV D XVHIXO VFUHHQLQ XVHG DV D GLDJQRVWLF WRRO :KHQ FOL RI EUHDWK RQ H[HUWLRQ MXJXODU YHQR the diagnosis and management of pulmonary hypertension WRGD\ WKH SUHYDOHQFH RI SXOPRQDU\ K\SHUWHQVLRQ IRU ULJKW KH 3DUHQW HW DO IRU UHIHUUDO Comprehensive Sickle Cell Center's primary concern is YOUH!!

Johnson Haynes, Jr., MD
Director, USA Comprehensive Sickle Cell Center

Dr. Cecil L. Parker, Jr. Distinguished Endowed Lectureship

'XULQJ WKH $QQXDO 8QLYHUVLW\ RI 6RXWK $ODEDPD 5HJLRQDO address of the conference was named the Cecil L. Parker, Jr. Distinguished Lectureship. An endowment ZDV HVWDEOLVKHG WR VXSSRUW VLFNOH FHOO HGXFDWLRQ IRU SDW RXU FRPPXQLW\ LQ SHUSHWXLW\ 7KLV WULEXWH WR 'U 3DUNHU LV RI FDULQJ IRU DGXOWV DIIHFWHG ZLWK VLFNOH FHOO GLVHDVH ,Q shortly named the Director of the USA Adult Sickle Cell Center and continued for nine years. Years after resigning as Director, Dr. Parker continues to support the USA Comprehensive Sickle Cell Center.

7KH PLVVLRQ RI WKH 86$ &RPSUHKHQVLYH &HOO &HQWHU L VLFNOH FHOO GLVHDVH WKURXJK VWDWH RI WKH DUW of the endowment is a critical step in assuring the necessary educational outreach is and will always EH DYDLODEOH WR VHUYH RXU SDWLHQW community is essential and translates to optimum patient care and outcomes.

6LQFH LQFHSWLRQ WKH HQGRZPHQW KDV WKURXJK WKH JUDVV URRW FRPPXQLW\ HIIRUWV RI LQGLYLGXDO DQ\ PRQLHV FDQ EH XVHG WR VXSSRUW WKH HGXFDW is required. From the Center's faculty and staff, we would like to say thanks for all the gifts made thus far into the Dr. Cecil L. Parker, Jr. Distinguished Endowed Lectureship. If you have not made your donation, please do. If you have donated, please continue to give. As a community, let's surpass the initial goal of EHIRUH $SULO

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