Response to Letter Regarding Article, “Prevalence, Characteristics, and Outcomes of Patients Presenting With Cardiogenic Unilateral Pulmonary Edema”

First, we thank Dr Lacout et al for their interest in and comments concerning our report that described the prevalence, characteristics, and outcomes of patients presenting with cardiogenic unilateral pulmonary edema (UPE).1

As detailed in the Methods section, this was not a study that included all patients with acute respiratory failure referred to our hospital, but a retrospective study that included patients with a final diagnosis of acute cardiogenic pulmonary edema. Thus, patients who presented with pulmonary embolism could not be included in our study.

We agree with Lacout et al about the potential usefulness of a computed tomography (CT) scan for patients presenting with acute chest pain. However, it is difficult to propose the use of a CT scan for patients with dyspnea and suspected heart failure; indeed, a CT scan may be deleterious in these patients. Moreover, current guidelines2 do not mention a CT scan as a potential first-line examination for these patients, and echocardiography is probably the most useful first-line examination in this case. Furthermore, determination of levels of natriuretic peptides is probably of more help as a complement to a careful physical examination.

In the case of patients who present with radiological features of UPE, we used to perform transthoracic echocardiography first in our institution. Indeed, we found that UPE was systematically associated with severe mitral regurgitation, and that the correct diagnosis of acute heart failure was achieved thanks to transthoracic echocardiography, with or without transesophageal echocardiography. Thus, transthoracic echocardiography may have several uses for patients with UPE: to detect severe mitral regurgitation, to assess left ventricular systolic or diastolic dysfunction, and to rule out another diagnosis of acute dyspnea.

In the case of UPE, and in the absence of left ventricular dysfunction and/or mitral regurgitation, transthoracic echocardiography may be used to detect signs of acute Cor pulmonale, such as right ventricular dilatation with paradoxical septal motion and a right ventricular/left ventricular area ratio >0.6,3 and may prompt consideration for a CT scan to reveal potential pulmonary embolism. In very rare cases, and when echocardiography is silent, we agree with Lacout et al that clinicians should consider that a CT scan may be of use for patients presenting with UPE.

References
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