in ventilation—perfusion heterogeneity, as seen in patients treated with a high dose of intravenous epoprostenol in whom IPS and severe hypoxaemia occurred. In these cases, an accurate diagnosis and drug down-titration or discontinuation allowed a rapid recovery of the symptoms. In conclusion, sildenafil may be associated with development of IPS and hypoxaemia in PAH patients. In these cases, an SC-TTE should be performed in order to disclose previously undiagnosed IPS.

Figure 1  Saline-contrast transthoracic echocardiogram showing right-to-left shunt. LA, left auricle; LV, left ventricle; RA, right auricle; RV, right ventricle.

Pablo F Castro,1 Douglas Greig,1 Hugo E Verdejo,1 Iván Godoy,1 Samuel Córdova,1 Marcela P Ferrada,1 Robert C Bourge2

1Department of Cardiovascular Diseases, Coronary Care Unit, Pontificia Universidad Católica de Chile, Santiago de Chile, Chile; 2Division of Cardiovascular Disease, Department of Medicine, The University of Alabama at Birmingham, Birmingham, Alabama, USA

Correspondence to Pablo F Castro, Department of Cardiovascular Diseases, Coronary Care Unit, Pontificia Universidad Católica de Chile, Marcolaeta 367, 7 floor, Santiago de Chile, Chile; pcastro@med.puc.cl

Institution at which the work was performed: Pontificia Universidad Católica de Chile, Santiago de Chile, Chile.

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Risk stratification in pulmonary embolism: an algorithmic tool approach

It is with much interest we read the article by Jiménez et al1 and the accompanying edito-
In an attempt to identify patients who can be appropriately managed in a semi-outpatient (after day 2) ambulatory manner and, at the other extreme, patients for active outpatient (after day 2) ambulatory manner can be appropriately managed in a semi-...