



Risk assessment of systemic sclerosis-associated pulmonary arterial hypertension: cardiac index *versus* stroke volume index

Hussein J. Hassan¹, Mario Naranjo ¹, Brigitte Kazzi¹, Traci Houston-Harris¹, Steven Hsu², Aparna Balasubramanian¹, Catherine E. Simpson ¹, Rachel L. Damico¹, Todd M. Kolb ¹, Stephen C. Mathai ¹ and Paul M. Hassoun¹

¹Division of Pulmonary and Critical Care Medicine, Dept of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA. ²Division of Cardiology, Dept of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA.

Corresponding author: Paul M. Hassoun (phassoun@jhmi.edu)



Shareable abstract (@ERSpublications)

Cardiac index may be misleading in risk assessment of patients with SSc-PAH. Stroke volume index is a more reliable predictor of clinical outcomes and right ventricular function and has the potential of improving existing risk stratification strategies. <https://bit.ly/3PhReKJ>

Cite this article as: Hassan HJ, Naranjo M, Kazzi B, *et al.* Risk assessment of systemic sclerosis-associated pulmonary arterial hypertension: cardiac index *versus* stroke volume index. *Eur Respir J* 2022; 60: 2200801 [DOI: 10.1183/13993003.00801-2022].

This single-page version can be shared freely online.

Copyright ©The authors 2022. For reproduction rights and permissions contact permissions@ersnet.org

Received: 20 April 2022
Accepted: 6 July 2022

To the Editor:

Pulmonary arterial hypertension (PAH) frequently complicates systemic sclerosis (SSc), with an estimated prevalence of 6.4–9% [1, 2]. Although survival has improved with the advent of PAH-specific therapy, SSc-PAH continues to have poor prognosis, with a 3-year survival of 67% [3]. Current PAH management guidelines highlight the importance of risk stratification in guiding therapy [4].