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Current Developments in the Diagnosis of and Therapy for Respiratory Disease-Associated Pulmonary Hypertension

Guest Editor:

Dr. Masaki Okamoto
Division of Respirology, Neurology and Rheumatology, Department of Medicine, Kurume University School of Medicine, 67 Asahi-machi, Kurume, Fukuoka 830-0011, Japan

Deadline for manuscript submissions:
closed (30 April 2024)

Message from the Guest Editor

Over last 20 years, advances in drug therapy strategies targeting prostaglandin I2 (PGI2), endothelin receptor antagonists, and phosphodiesterase type 5 inhibitors have significantly improved prognosis in patients with pulmonary hypertension. Pulmonary hypertension caused by respiratory disease is classified into group 3 of the World Health Organization functional classification (WHO-FC). The major causative diseases of this disease are fibrosing interstitial lung disease, chronic obstructive pulmonary disease, or chronic pulmonary fibrosis and emphysema. The treatment utilized for pulmonary hypertension caused by respiratory disease has two major problems. First, detecting the development of pulmonary hypertension during the course of chronic respiratory disease is difficult and is often delayed. In addition, compared with pulmonary hypertension with other etiologies, vasodilator therapy is less effective and the risk of adverse events such as ventilation–perfusion mismatch is greater.

This Special Issue aims to provide an open forum for those attempting to answer these questions. We look forward to receiving your submissions.

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Prof. Dr. Edgaras Stankevičius
Medical Academy, Lithuanian University of Health Sciences, Kaunas, Lithuania

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Medicina Editorial Office
MDPI, St. Alban-Anlage 66
4052 Basel, Switzerland

Tel: +41 61 683 77 34
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