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variation in diameter of the inferior vena cava (IVC); an IVC diameter <2.1 cm that collapses >50% with a sniff suggests a normal RAP of 3 mm Hg (range, 0–5 mm Hg), whereas an IVC diameter >2.1 cm that collapses <50% with a sniff suggests a high RAP of 15 mm Hg (range, 10–20 mm Hg). In scenarios where the IVC diameter and collapse do not fit this paradigm, an intermediate value of 8 mm Hg (range, 5–10 mm Hg) may be used. The EACVI recommends such an approach rather than using a fixed value of 5 or 10 mm Hg for sPAP estimations (4).

In the study by Tudoran et al. (1), it was not stated whether the diameter and respiratory variation of IVC were evaluated to estimate sPAP. Therefore, I think that it would be more appropriate if these parameters were evaluated as factors in the assessment of sPAP in female patients with hyperthyroidism.

In conclusion, TTE proved to be a reliable method for the assessment of sPAP, being well suited to establish a non-invasive diagnosis of PH (5). However, the diameter and respiratory variation of IVC should be taken into account while assessing sPAP rather than using a fixed value of 5 or 10 mm Hg for RAP estimations.

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References


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