

Research letter

Final title: **Clinical profile of patients with pulmonary hypertension**

Title at submission: Clinico-etiological profile of pulmonary hypertension in Bangladesh Medical University



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Reviewer

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Not applicable

Reviewer: Rajashish Chakraborty, ORCID: [0000-0001-9060-6185](https://orcid.org/0000-0001-9060-6185)

1. Comment Please provide Overview of the manuscript within 100 words. This should be a distilled summary of the work and your overall impression. [The author should not respond to this overview]

This is a time demanding topic in our country which is under-rated. Clinical profile was well mentioned but aetiological factors were not properly elaborated including investigations

Response Thank you for the appreciation.

2. Comment Please provide your comments on the following points. [Author should respond to these comments including the line numbers where the changes have been done in the revised manuscript] Appropriateness of the Title.

Clinico-etiological profile of patients with pulmonary hypertension in a tertiary care Hospital of Bangladesh

Response Thank you for the appreciation.

3. Comment Quality, clarity and appropriateness of the Table(s)

Distribution of patients according to different types of PH (n=60)- In place of Type please mention group

Response This has been done and included in the result, table and explained in the foot note of the table

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4. Comment Where and when was this study done? Who were the study population? Were these cases of idiopathic or secondary pulmonary hypertension? Please describe briefly what you mean by mild, moderate, severe and types of pulmonary hypertension. What is the importance of performing right heart catheterisation in 3 patients?

Response Added in lines 46-50 (The study was conducted in the Department of Cardiology, Bangladesh Medical University, and included 60 patients (29 men and 31 women) who were known cases of previously diagnosed pulmonary hypertension, confirmed through echocardiography, from November 2023 to April 2024.), Pulmonary hypertension (PH) severity can be classified based on pulmonary artery pressures estimated via echocardiography (RVSP/PASP) .

Mild PH: RVSP 40–49 mmHg

Moderate PH: RVSP 50–59 mmHg

Severe PH: RVSP ≥ 60 mmHg

In the case of our study, we grouped our participants according to the following table by Right Ventricular Systolic Pressure (RVSP):

Necessary correction is made from the line 74 and in the table. Right heart catheterization (RHC) was performed in three idiopathic PH cases as we found elevated RVSP, preserved left ventricular function, and no significant valvular disease on echocardiography. Added in line 53-57.

5. Comment The flow of information in the result needs improvement. For example, the author should talk about the types and severity of PH, then describe the frequency of symptoms, without repeating values that have already been given in the table. Describe the main finding, instead of stating values. For example, which type and severity was most common? What does the author mean by “..averaging 50.4 ± 38.7 in severity” in line 54? What is this the average of? In line 57, were PCWP and PVR elevated too?

Response Modified and added necessary correction in line 72-85. Line 54 and 57 also corrected.

6. Comment Why was right heart catheterization done in the 3 people? Give reference to justify this. Since it is a small number, describe the finding in the text. It is better not to include it in the table.

Response The conclusive diagnosis of PH requires RHC according to the 2022 ESC/ERS Guidelines. It is particularly recommended when transthoracic echocardiography indicates increased PASP/RVSP with preserved left ventricular function and no discernible valve disease. However, we clinically suspected these three idiopathic cases, and a precise haemodynamic profile was essential to guide our choice of treatment for these patients. The table is corrected

7. Comment In the Table, the title needs improvement to reflect what has been shown. Eg Severity, types and clinical features of patients with pulmonary hypertension. N=60 does not have to be repeated in the table since it is given in the title. What are the mean values of in the section under types and severity of PH? Please give units of these values, as well as the unit of age. Give elaboration of the abbreviations in the footnote. The row heads should have left alignment. Horizontal bars in the table can be omitted.

Response The table is corrected and modified.

8. Comment Please avoid repetition of results in the discussion. Instead talk about the importance, implications, strengths and limitations of your study.

Response The discussion is corrected according to your suggestions.

9. Comment The conclusion should reflect the study findings

Response The conclusion is corrected to align with the findings.

10. Comment In line 45 and 46, saying "...offering valuable insights for enhancing management approaches" may be an overstatement. Justify your study better. In the key message, the author talks about "...need for region-specific diagnosis and management." Does PH have region-specific diagnosis criteria and management?

Response line 45 and 46 is modified according to your suggestion.

11. Comment There are grammatical mistakes throughout the manuscript. Sentence construction needs improvement. Please elaborate PASP, PCWP, PVR, IPH.

Response Grammar has been checked and texts are corrected. Acronyms are elaborated.