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Subtle signs – red flags

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Even the presence of mild chronic lung disease in patients with pulmonary hypertension is associated with worse response to targeted therapy and survival when compared to IPAH <http://bit.ly/2IS7rpT>

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Pulmonary hypertension (PH) in the context of chronic lung disease (*i.e.* group 3 PH) is an ongoing and unresolved challenge. Looking specifically into precapillary PH, it is evident that its presence in chronic lung disease is associated with increased dyspnoea, reduced exercise tolerance, worsened oxygenation, low diffusion capacity of the lung for carbon monoxide (D_{LCO}) and dismal prognosis. Notably, pulmonary vascular disease is known to negatively impact clinical outcomes in chronic lung disease, even though the definition of precapillary PH may not yet be fulfilled [1]. *Vice versa*, the presence of mild or subclinical chronic lung disease may impact the course, prognosis and treatment response of patients with precapillary PH. Historically, clinical treatment trials for targeted medications in pulmonary arterial hypertension (PAH) allowed enrolment of patients with some (mild) degree of chronic lung disease, be it COPD, emphysema or interstitial lung disease. The outcome of this specific subpopulation, however, has never been focussed on. Consequently, we are lacking evidence in this subpopulation regarding the clinical disease behaviour and response to therapy.