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Hypertensive Hypotension- It's Deadly

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Clinical assessment has very poor sensitivity in the diagnosis of pulmonary hypertension. Patients presenting to primary care and ED's may commonly be managed as COPD/Asthma without pulmonary hypertension being recognized.

Early recognition in ED may help these patients be diverted to specialist PH specialist care. Management of patients with pulmonary hypertension complicated by sepsis or septic shock is a clinical challenge and often associated with high mortality. Applying early goal directed therapy [EGDT] strategy with aggressive fluid treatment in this group of patients is likely to be much riskier.

Hypertensive hypotension is a term I employ to describe systemic hypotension in the presence of pulmonary hypertension. I discuss strategies to encourage emergency physicians to look for evidence of pulmonary hypertension and manipulate the therapeutic strategies to improve outcomes in this cohort of patients.

Biography:

Dr. Ash Mukherjee obtained his undergraduate medical degree from Kolkata, India. He then completed his EM training in the UK and after 8 years as a NHS consultant decided to move to a sunny Perth. For the past 6 years he has been at Armadale Hospital's emergency department as a consultant in emergency medicine and lead for point of care US. He is also a Senior Clinical Lecturer at University of Western Australia. He incorporated US into his clinical practice since 1999. With a passion for point of care echocardiography in emergency medicine he has a special interest in pulmonary hypertension and its undiagnosed existence in patients presenting critically ill to the emergency department.