Methods

Between April/2014 and April/2015, periodic meetings of PH group and epidemiology were performed for the review of international registries and literature, to define the variables and evaluate the methodological feasibility of the registry. Prospective and retrospective components were designed (since January/2011), the inclusion criteria demand PH confirmation with right heart catheterization. A long-term follow up will be with 6-month intervals.

Results

A web application was developed for data entry that accomplished the security and confidentiality standards of the Clinical Research Center (CRC) of FVL. Demographic variables were included as well as diagnostic and staging studies, clinical, paraclinical and treatment characteristics and the most relevant outcomes regarding morbidity and mortality.

Conclusions

At the rate of regional intrinsic variations of HP, the development of a registry with a cohort of local patients is needed in order to reach extrapolated valid conclusions in the Colombian population and finally impact its prognosis.

Bibliography