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Diagnostic tools in the follow-up and monitoring of congenital heart disease and pulmonary hypertension

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Stellingen behorende bij het proefschrift getiteld "Diagnostic Tools in the Follow-up and Monitoring of Congenital Heart Disease and Pulmonary Hypertension"

1. Current screening methods for pulmonary hypertension in SSc patients, such as symptoms and abnormal findings on transthoracic echocardiography (TTE), may not be sensitive enough to detect early forms of SSc PH, and there is a need for better screening tools (This thesis)
2. The standard 12-lead ECG has limited value to detect early PAH when conventionally interpreted, but the ECG-derived VG-RVPO can be used as a non-invasive, low-cost, and easy-to-obtain alternative or extra addition to other screening methods for PH detection in patients with SSc (This Thesis)
3. Doppler echocardiography may not always detect elevated pulmonary pressures in patients with systemic sclerosis and early/mild pulmonary hypertension (This thesis)
4. The standard 12-lead ECG may have limited value in the early detection of right ventricular overload (This thesis)
5. The ventricular gradient has proved its value in patients with gradual onset of disease and has limited value in the acute setting (This Thesis)
6. The decision to operate on a patient with AAOCA is based on the ostial anatomy and course of the anomalous coronary artery and demonstrated ischemia, but the role of symptoms in decision making is ambiguous (This Thesis)
7. Actually the main cause of over-diagnosing and treatment of pre-capillary PH is the failure to confirm the diagnosis by right heart catheterisation – Simmoneau 2021
8. In patients with TOF do not wait until the heart dilates too much, taking into consideration that it could minimize the benefits on symptoms after PVR.
9. Despite rapid advances in the field of heart valve therapy, an unmet clinical need remains for valve replacements with regenerative, remodelling and growth potential.
10. The timing of PVR always is a compromise: It should be timed early enough to prevent irreversible adverse remodelling but late enough to limit the number of re-interventions
11. It is not the strongest of the species that survives, nor the most intelligent. It is the one that is most adaptable to change - Charles Darwin, On the origin of species - 1859
12. "He, who has a *why* to live for, can bear with almost any *how*." – Nietzsche, Twilight of the Idols - 1898