

Table 1

Evolution of Pulmonary Hypertension Classification: Fifth World Symposium on Pulmonary Hypertension (Nice, France; 2013)^a

1. Pulmonary arterial hypertension
1.1 Idiopathic
1.2 Heritable
1.2.1 <i>BMPR2</i>
1.2.2 <i>ALK-1, ENG, SMAD9, CAV1, KCNK3</i>
1.2.3 Unknown
1.3 Drug and toxin induced
1.4 Associated with:
1.4.1 Connective tissue disease
1.4.2 Human immunodeficiency virus infection
1.4.3 Portal hypertension
1.4.4 Congenital heart disease
1.4.5 Schistosomiasis
1 ^b Pulmonary veno-occlusive disease and/or pulmonary capillary hemangiomatosis
1 ^c Persistent pulmonary hypertension of the newborn
2. Pulmonary hypertension due to left heart disease
2.1 Left ventricular systolic dysfunction
2.2 Left ventricular diastolic dysfunction
2.3 Valvular disease
2.4 Congenital/acquired left heart inflow/outflow tract obstruction and congenital cardiomyopathies
3. Pulmonary hypertension due to lung disease and/or hypoxia
3.1 Chronic obstructive pulmonary disease
3.2 Interstitial lung disease
3.3 Other pulmonary diseases with mixed restrictive and obstructive pattern
3.4 Sleep-disordered breathing
3.5 Alveolar hypoventilation disorders
3.6 Chronic exposure to high altitude
3.7 Developmental lung diseases
4. Chronic thromboembolic pulmonary hypertension (CTEPH)
5. Pulmonary hypertension with unclear multifactorial mechanisms
5.1 Hematologic disorders: chronic hemolytic anemia , myeloproliferative disorders, splenectomy
5.2 Systemic disorder: sarcoidosis, pulmonary histiocytosis, lymphangioleiomyomatosis
5.3 Metabolic disorders: glycogen storage disease, Gaucher disease, thyroid disorders
5.4 Others: tumoral obstruction, fibrosis mediastinitis, chronic renal failure, segmental pulmonary hypertension

^a Modifications to the previous classification are represented in bold.
^b 1^b indicates a distinct category, but one that is not completely separated from pulmonary arterial hypertension.

^c 1^c indicates a distinct category, but is not completely separated from pulmonary arterial hypertension.

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