In the study population because of the retrospective nature of this study.

The question remains: Is PH without LVD the most important factor in predicting survival, or is it only one factor among many others indicating increased sarcoidosis disease severity and lung parenchymal destruction? In a future study, it might be of interest to calculate a score based on the diffusing capacity of the lung for carbon monoxide, FVC, home oxygen use, radiographic stage, PH without LVD, and 6-min walk distance and to test the relationship of these individual factors, as well as the total score, on survival. Many of those factors were not associated with increased mortality in this study but were significant factors in other studies.

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Response

To the Editor:

We appreciate the comments of Drs Alrajab and Abu Baker about our recent article in CHEST (November 2010).1 The question they raise about whether pulmonary hypertension (PH) without left ventricular dysfunction (LVD) was significantly different in survival rates from PH and LVD is well taken. We found that the survival rates were different for patients with PH, with those patients without LVD having worse survival rates. The differences were most apparent with longer follow-up periods, and this may be because of the inclusion of patients with PH and LVD who had cardiac amyotrophy. We did acknowledge this in our article and took pains to try to clarify that the differences were due to hemodynamics rather than associated factors. We agree that other factors, including treatment, may influence...