LV dysfunction is common in SSc-PH and is associated with increased all-cause mortality. This suggests that LV GLS may be helpful in identifying underlying LV dysfunction and in risk assessment of patients with SSc-PH.

**STUDY DESIGN**

- Retrospective study of 165 patients with systemic sclerosis (SSc) who underwent both echocardiography and right heart catheterization

**Definitions:**

- Pulmonary hypertension (PH): mPAP >20 mm Hg
- Left ventricular (LV) dysfunction: LV global longitudinal strain (GLS) <18%

**RESULTS**

- LV dysfunction occurred in
  - 74.2% with SSc-PH
  - 51.2% without SSc-PH

- Patients with SSc-PH and LV dysfunction had an HR of 12.64 (95% CI, 1.73-92.60) for all-cause mortality when adjusted for age, sex, SSc disease duration, and FVC.