ISHLT en Español JOURNAL WATCH

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Radakovic D et al. **Left ventricular unloading during extracorporeal life support for myocardial infarction with cardiogenic shock: surgical venting versus Impella device.**

Interactive CardioVascular and Thoracic Surgery 34 (2022) 137–144

STUDY HIGHLIGHTS

Patients in cardiogenic shock supported with VA-ECMO may experience severe complications from reduced left ventricular (LV) unloading and increased cardiac afterload. We sought to investigate the impact of these 2 different approaches

112 patients treated with an Impella or surgical LV vent during VA-ECMO support.

Impella group

Died: 54%

Surgical LV vent group

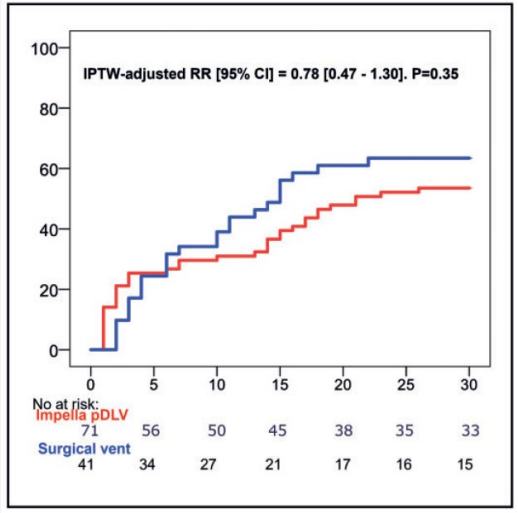
Died: 63%

RR 0.78 || 95% CI 0.47-1.3 || P=0.35

Myocardial recovery: 24% and 7% p=0.022
Durable MCS: 17% and 42% p=0.012

Complication rates were not statistically different.

CENTRAL FIGURE



Mortality rates at 30 days were similar between the two groups: 54% in the Impella group vs 63% in the surgical vent group.
Higher rate of myocardial recovery with Impella.

REVIEWER'S COMMENTS

LV unloading with pDLV during VA-ECMO support did not significantly reduce 30-day mortality compared to surgical LV vent but in the subgroup of patients could benefit from Impella.

FACT

The degree of LV decompressioin may be limited when a cannula is surgically placed.

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Yan, I et al. **Sex differences in patients with cardiogenic shock.**

ESC Heart Failure 2021; 8: 1775–1783

STUDY HIGHLIGHTS

Are there sex differences in the clinical presentation, causes and treatment of cardiogenic shock?

Single center - Hamburg Univ [2009 – 2017]
ICD-10 code R.57

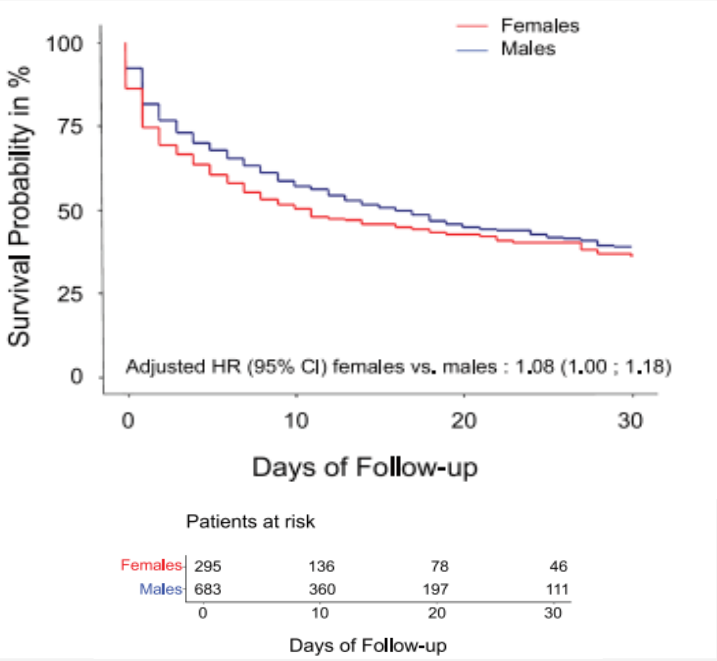
♀	♂
293 [30.2%]	683 [69.8%]
Older Acute HF SCAI class E Vasopressors or catecholamines	Smokers Acute & prior MI Low EF

= Lactate, shock index, % cardiac arrest, ECMO

pLVAD

♀	♂
36% survival	39% survival

CENTRAL FIGURE



Mortality risk comparable across SCAI Cardiogenic Shock classification

REVIEWER'S COMMENTS

Smaller body & vessel size, smaller LV size, preserved EF may prevent pLVAD use

Women with CS have a high risk profile and treatments should be adapted to fit their needs.

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Riley J Batchelor, et al. Vasoplegia Following Orthotopic Heart Transplantation: Prevalence, Predictors and Clinical Outcomes.

Journal of Cardiac Failure 2021 Dec;35 (7): 2052-2062

STUDY HIGHLIGHTS

Are there factors that contribute to vasoplegia after a heart transplant?

Occurs between 60% to 70%

Perioperative risk factors

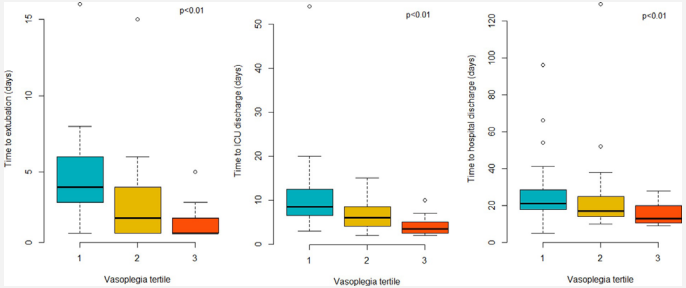
- Age
- Poor kidney function
- Prolonged cardiopulmonary bypass time
- Left ventricular assit device support

Mortality 25%

62% require high doses of vasopressor

CENTRAL FIGURE

Intubation time, length of ICU stay, and total length of hospital stay increased



There was no evidence of a statistically significant risk of all-cause mortality at 30 days or at one year.

REVIEWER'S COMMENTS

Perioperative risk factors should be identified. It is a common complication but not translate to increase in long-term mortality.

FACT

Control of the first 48 hours. It is the key.