What's new in MCS?

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Journal of Cardiac Failure

1. **Jennings DL, Wagner JL, To L et al. Epidemiology and Outcomes Associated With Anemia During Long-Term Support With Continuous-Flow Left Ventricular Assist Devices. J Card Fail 2014; 20: 387-91.** http://www.ncbi.nlm.nih.gov/pubmed/24732723

   This single centre study by Jennings et al reported a high prevalence of anaemia (Hb<13g/dL for men and <12g/dL for women) in patients with advanced heart failure prior to CF-LVAD implantation (79%), at 6 months following CF-LVAD implantation (68%), and improved at 1 year (61%). Anaemia was highly prevalent even when patients with GI bleed were excluded (57% at 1 year). One-year readmission rates were higher in patients who were anaemic, although only 14% of the readmissions were directly related to anaemia. Unfortunately, no specific causes for the anaemia were identified. Specifically, there was no significant difference in markers of hemolysis.

2. **Cheng R, Hachamovitch R, Kittleson M et al. Clinical Outcomes in Fulminant Myocarditis Requiring Extracorporeal Membrane Oxygenation: A Weighted Meta-Analysis of 170 Patients. J Card Fail 2014; 20: 400-6.** http://www.ncbi.nlm.nih.gov/pubmed/24642377

   Reports on the use of veno-arterial extracorporeal membrane oxygenation (VA-ECMO) are dominated by single centre case series. Cheng et al performed a systematic review and pooled analysis of the published literature to determine the clinical outcomes of VA-ECMO support in patients with acute fulminant myocarditis. Excluding study in paediatric patients or veno-venous ECMO, and including only studies from the year 2000 onwards, Cheng et al identified 6 studies, totalling 170 patients. The key findings are:

   Survival to discharge ranged from 60 to 87%, with a pooled estimated rate of 67% (59-74%).

   Complications included left ventricular overload (30%), sepsis (50%), lower limb ischemia (10%) and stroke (11%).

Long-term outcomes after discharge were good with the majority of patients in NYHA functional class 1.

Journal of Thoracic and Cardiovascular Surgery

1. **Taghavi S, Jayarajan SN, Komaroff E, Mangi AA. Continuous flow left ventricular assist device technology has influenced wait times and affected donor allocation in cardiac transplantation. J Thorac Cardiovasc Surg 2014; 147: 1966-71. http://www.ncbi.nlm.nih.gov/pubmed/24613158**

2. **Bernhardt AM, Reichenspurner H, Deuse T. HVAD continuous flow assist device for ischemic ventricular septal rupture. J Thorac Cardiovasc Surg 2014; 147: 1982-4. http://www.ncbi.nlm.nih.gov/pubmed/24529736**

3. **Kapur NK, Upshaw J, Kiernan MS, Pham DT. Left ventricular assist device thrombosis presenting as an acute coronary syndrome. J Thorac Cardiovasc Surg 2014; 147: e72-3. http://www.ncbi.nlm.nih.gov/pubmed/24642558**

Journal of the American College of Cardiology

None

Circulation: Heart Failure

None

European Journal of Heart Failure

None

ASAIO Journal

None