What’s new in MCS?

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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.


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**


**Journal of the American College of Cardiology**

None

**Circulation: Heart Failure**

None

**European Journal of Heart Failure**

None

**ASAIO Journal**

None