

What's New in Mechanical Circulatory Support? 2015 Summary



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Journals

- ASAIO JOURNAL (53 articles)
- JOURNAL OF THORACIC AND CARDIOVASCULAR SURGERY (20 articles)
- JOURNAL OF CARDIAC FAILURE (15 articles)
- CIRCULATION HEART FAILURE (12 articles)
- JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY (1 article)

The year 2015 was exciting for the field of mechanical circulatory support (MCS). Close to 101 articles were published in the 5 journals listed above with topics related to MCS. Overall, the survival of patients on MCS continues to improve, our knowledge about the impact of MCS on the human physiology is expanding and programs continue to develop innovative approaches to deal with adverse events. Moreover, the field of cardiac recovery is growing with newer studies testing novel cellular therapies during MCS support. Below is a summary of what was published in 2015 in the 5 journals cited followed by a comprehensive list.

MCS OUTCOMES

Registries and single center analyses demonstrated improvement in the outcomes of patients on MCS, especially on patients with short duration of heart failure (< 1 month).⁽⁹⁸⁾ However several characteristics can have a negative impact in survival like the severity of end-organ dysfunction calculated by the sequential organ failure assessment (SOFA) ⁽¹²⁾ and also high BNP levels after implantation. ⁽²⁹⁾ The neutrophil-to-lymphocyte ratio (NLR), a marker of subclinical inflammation, was found to be an independent predictor of postoperative mortality (OR = 1.12, CI [1.02-1.31], p = 0.021) and of postoperative right ventricular (RV) failure (OR = 1.117, CI [1.04-1.20], p = 0.003). ⁽⁴⁹⁾ Patients with high Doppler blood pressure (> 90 mmHg) had a higher risk of intracranial hemorrhage and aortic insufficiency. ⁽⁹¹⁾ And obesity remains a risk factor for heart failure readmissions after left ventricular assist device (LVAD) implantation.⁽⁸²⁾

RV failure remains a common complication after LVAD implantation. In a single center analysis, patients with RV dysfunction requiring RVAD had worst survival compared to patients with RV failure treated with milrinone. ⁽¹³⁾ Lesser tricuspid annular plane systolic excursion and smaller left atrial diameter are independent predictors of the need for RVAD after LVAD implantation. ⁽⁷³⁾

Patients undergoing tricuspid valve procedures (repair/replacement) at the time of LVAD implantation had similar survival and readmission rates compared to patients without tricuspid valve procedures, and the tricuspid valve procedures were found to protect against further regurgitation. ⁽²⁾

Patients with pump thrombosis undergoing pump exchange with a subcostal approach (with motor exchange only) were found to have a better 1 year survival compared to sternotomy (100% vs 63%). ⁽¹⁴⁾

EFFECTS OF MCS ON PHYSIOLOGY

Platelet function

Bleeding is a frequent complication during mechanical support. The causes are multifactorial; however acquired von-Willebrand syndrome affecting platelet function remains an area of interest. A recent analysis demonstrated that MCS affects platelet functionality increasing the intra-platelet reactive oxygen species generation, mitochondrial damage, and platelet apoptosis. The degree of platelet dysfunction varies depending on the type of continuous flow device and could be associated with clinical events including major bleeding, infections, systemic inflammatory response syndrome, and RV failure. ⁽¹⁹⁾ Another study found that platelet dysfunction measured by the mitochondrial membrane potential was identified in patients who developed a systemic inflammatory response syndrome after LVAD implantation. ⁽⁷⁹⁾

Aorta and aortic valve

The lack of pulsatile flow has been associated with vascular changes in patients with MCS. Recent data demonstrated that patients with LVADs were found to have increased aortic wall thickness, vessel stiffness, collagen and smooth muscle content accompanied by a reduction in elastin and mucinous ground-substance content. ⁽⁹⁷⁾

The opening and closing of the aortic valve remains an area of attention. A recent study showed that the opening of the aortic valve during exercise at 3 months after implantation was a protective factor for the development of aortic insufficiency and was associated with lower readmissions rates, suggesting the hypothesis that cardiac rehabilitation could have an impact in outcomes. ⁽⁴²⁾ Uriel et al, demonstrated that the effects of ramp studies in the aortic valve opening depends on the type of continuous LVAD (axial vs centrifugal) and the parameter slopes are different for each type of LVAD. ⁽⁸¹⁾

MANAGEMENT OF SIDE EFFECTS

Several case reports for the treatment of adverse events were published including the utilization of intraventricular thrombolysis and tandem heart for pump thrombosis,⁽⁶⁾ particle embolization for epistaxis,⁽⁷⁾ left stellate ganglion blockade before surgical gangliolysis for refractory ventricular tachycardia,⁽⁸⁾ octreotide for recurrent GI bleeding,⁽¹⁰⁾ and interventional thrombectomy of a basilar artery thrombus ⁽²⁴⁾.

CARDIAC RECOVERY

Stempien-Otero et al. published in the Journal of the American College of Cardiology the results of 6 patients with ischemic cardiomyopathy who underwent epicardial injections of autologous CD34+, CD34-, bone marrow mononuclear cells and a saline control immediately before LVAD implantation. (101) Contrary to preclinical models that showed increased vascularity with stem cell therapy, in this study the histological analysis demonstrated decreased density of endothelial cells in the myocardium injected with stem cells compared to the myocardium injected with saline. Several limitations could have been related to these results including the very limited sample size, the dose and mechanistic model of stem cell delivery and also a very advanced heart failure population with poor chances for recovery. These results should not be interpreted as a lack of cardiac recovery with stem cell therapy during MCS support; moreover these data will complement and be used to improve the experimental models to test the effects of adjuvant therapies for myocardial recovery.

ASAIO JOURNAL

January - February

1. Ryan TD, Jefferies JL, Zafar F, Lorts A, Morales DLS. The Evolving Role of the Total Artificial Heart in the Management of End-Stage Congenital Heart Disease and Adolescents. ASAIO J 2015; 61:8–14
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4. Zhu J, Kato H, Fu YY, Zhao L, Foreman C, Davey L, Weisel RD, Van Arsdell GS, Honjo O. Cavopulmonary Support with a Microaxial Pump for the Failing Fontan Physiology. ASAIO J 2015; 61:49–54
5. Doersch K, Sareyyupoglu. Mini Right Thoracotomy as an Approach to Aortic Valve Closure in an Assist Device Patient. ASAIO Journal 2015; 61:96–97
6. Agarwal R, Raina A, Lasorda DM, Moraca RJ, Bailey SH, Kanwar M, Sokos G, Murali S, Benza RL. Successful Treatment of Acute Left Ventricular Assist Device Thrombosis and Cardiogenic Shock with Intraventricular Thrombolysis and a Tandem Heart. ASAIO J 2015; 61:98–101
7. Letzen BS, Matouk CC, Bonde P. Particle Embolization for the Treatment of Life-Threatening Epistaxis in a Left Ventricular Assist Device Patient. ASAIO J 2015; 61:102–103
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Explantation: Implications for Heart Transplantation. ASAIO J 2015;61:e1–e4

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11. Levy DT, Minamoto GY, Da Silva R, Puius YA, Peck N, Goldstein D, D'Alessandro D, Muggia VA. Role of Gallium SPECT-CT in the Diagnosis of Left Ventricular Assist Device Infections. ASAIO J 2015; 61:e5–e10

March - April

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14. Allison P. Levin, Nir Uriel, Hiroo Takayama, Kanika P. Mody, Takeyoshi Ota, Melana Yuzefpolskaya, Paolo C. Colombo, Arthur R. Garan, Marija Dionizovik-Dimanovski, Robert N. Sladen, Yoshifumi Naka, and Ulrich P. Jorde. Device Exchange in HeartMate II Recipients: Long-Term Outcomes and Risk of Thrombosis Recurrence. ASAIO J. Mar-Apr 2015; 61(2): 144-149
15. Federico Pappalardo, Domenico A. Cristaldi, Ignazio L. Fragalà, Salvatrice Millesi, Michele De Bonis, and Antonino Gulino. Spectroscopic and Morphological Characterization of Inflow Cannulas of Left Ventricular Assist Devices. ASAIO J. Mar-Apr 2015; 61(2): 150-155
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29. ♦♦ Sato T, Seguchi, O, Iwashima Y et al. Serum Brain Natriuretic Peptide Concentration 60 Days After Surgery as a Predictor of Long-Term Prognosis in Patients Implanted With a Left Ventricular Assist Device. ASAIO J 2015;61: 373-378
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Oxygenation for Refractory Cardiogenic Shock at a Large Tertiary Care Center ASAIO J 2015;61; 403-409

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36. Nielsen VG, Sobieski MA II, Slaughter, MS et al. Left Ventricular Assist Device- Associated Carbon Monoxide and Iron-Enhanced Hypercoagulation: Impact of Concurrent Disease ASAIO J 2015;61; 417-423
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- Implanted Left Ventricular Assist Devices. *ASAIO J.* 2015;21(11):648-651
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January - February

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Circulation: Heart Failure

January

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