What's New in MCS

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Andreas Brieke, MD
Advanced Heart Failure, Transplantation &
Mechanical Circulatory Support
University of Colorado
Denver, CO, USA
Andreas.Brieke@ucdenver.edu

Reviews:

The ever-increasing complexity of end-stage heart failure patients results in difficult situation for the treatment team when it gets to the decision about organ allocation. Especially the combination of end-stage heart failure and some degree of renal dysfunction is encountered in a majority of patients. The question of a dual organ heart and kidney transplant comes up frequently and this also in the setting of patients who already have received a continuous LVAD most often as BTT and now have suffered worsening renal function even the need for dialysis.

1: Journal of Cardiac Surgery
Bridge with a left ventricular assist device to simultaneous heart and kidney transplant: Review of the United Network for Organ Sharing database
J Card Surg. 2017 Mar;32(3):209-214. doi: 10.1111/jocs.13105. Epub 2017 Feb 8.

The use of LVAD as a bridge to cardiac transplantation is well established. In case of the need for dual heart and kidney transplantation post LVAD little is known about the outcome. The authors reviewed the United for Organ Sharing database from 2004-2013. The compared patients who underwent a primary Heart-Kidney Transplantation with a continuous-flow LVAD present (HKT-LVAD) or not (HKT). The size of the groups were significantly different (HKT 1921, HKT-LVAD 113). The two groups did not differ in the pre-transplantation characteristics, nor in the post-transplantation outcome up to 3 years. This treatment strategy seems safe in the selected population it was used in.

2: Circulation
No MCS related publications in March of 2017

3: European Heart Journal
No MCS related publications in March of 2017

4: Journal of Heart and Lung Transplantation
Cognition and adherence are self-management factors predicting the quality of life of adults living with a left ventricular assist device.
Casida JM[1], Wu HS[2], Abshire M[3], Ghosh B[4], Yang JJ[4].
J Heart Lung Transplant. 2017 Mar;36(3):325-330..

5: Journal of Cardiac Surgery
Financial and clinical outcomes of extracorporeal mechanical support.
Chiu R[1], Pillado E[2], Sareh S[2], De La Cruz K[2], Shemin RJ[2], Benharash P[2].
J Card Surg. 2017 Mar;32(3):215-221. doi: 10.1111/jocs.13106. Epub 2017 Feb 8.

Extracorporeal total artificial heart as bailout surgery.
Perrodin SF[1], Muller O[2], Gronchi F[3], Liaudet L[4], Hullin R[2], Kirsch M[1].

J Card Surg. 2017 Mar;32(3):222-228. doi: 10.1111/jocs.13110. Epub 2017 Feb 15.

6: Journal of American College of Cardiology – Heart Failure
No MCS related publications in March of 2017

7: Annals of Thoracic Surgery
Surgically Corrected Mitral Regurgitation During Left Ventricular Assist Device Implantation Is Associate d With Low Recurrence Rate and Improved Midterm Survival.
Tanaka A[1], Onsager D[1], Song T[1], Cozadd D[1], Kim G[2], Sarswat N[2], Adatya S[2], Sayer G[2], Uriel N[2], Jeevanandam V[1], Ota T[3].
Ann Thorac Surg. 2017 Mar;103(3):725-733.

Changes in End-Organ Function in Patients With Prolonged Continuous-
Flow Left VentricularAssist Device Support.
Yoshioka D[1], Takayama H[1], Colombo PC[2], Yuzefpolskaya M[2], Garan AR[2], Topkara VK[2], Han J[1], Kurlansky P[1], Naka Y[1], Takeda K[3].
Ann Thorac Surg. 2017 Mar;103(3):717-724.

Clinical Significance of Spontaneous Echo Contrast on Extracorporeal Membrane Oxygenation.
Unai S[1], Nguyen ML[2], Tanaka D[1], Gorbachuk N[1], Marhefka GD[2], Hirose H[1], Cavarocchi NC[3].
Ann Thorac Surg. 2017 Mar;103(3):773-778.

Extracorporeal Membrane Oxygenation for Acute Respiratory Distress Syndrome AfterPneumonectomy.
Reeb J[1], Olland A[1], Pottecher J[2], Delabranche X[3], Schaeffer M[4], Renaud S[1], Santelmo N[1], Kessler R[5], Massard G[1], Falcoz PE[6].
Ann Thorac Surg. 2017 Mar;103(3):881-889.

Serial Lactate Measurements as
a Prognostic Tool in Venovenous Extracorporeal MembraneOxygenation Support.
Bonizzoli M[1], Lazzeri C[2], Cianchi G[1], Boddi M[3], Cozzolino M[1], Di Valvasone S[1], Terenzi P[1], Batacchi S[1], Chiostri M[1], Peris A[1].
Ann Thorac Surg. 2017 Mar;103(3):812-818.