# **PDF** para imprimir

<u>Perioperative Echocardiographic Management of a Surgical Right Pulmonary Artery-</u> <u>Left Atrial Shunt as a Bridge to Lung Transplantation</u>

Trasplante cardíaco - Lun, 06/30/2025 - 10:00

CASE (Phila). 2025 Apr 1;9(6):187-193. doi: 10.1016/j.case.2025.02.003. eCollection 2025 Jun.

## ABSTRACT

PMID:40583872 | PMC:PMC12198111 | DOI:10.1016/j.case.2025.02.003

Categorías: Trasplante cardíaco

Total arterial, anaortic, off-pump coronary artery bypass grafting

Trasplante cardíaco - Lun, 06/30/2025 - 10:00

Multimed Man Cardiothorac Surg. 2025 Jun 30;2025. doi: 10.1510/mmcts.2025.048.

## ABSTRACT

Total arterial, anaortic, off-pump coronary artery bypass grafting is seen by many as a complex, specialized operation; however, when broken down into its component parts, it can be approached as multiple reproducible techniques that all trainees should master. These components include skeletonized mammary harvest, construction of composite arterial grafts and off-pump cardiac surgery. In this video tutorial, we describe step-by-step approaches to each of these elements and demonstrate how these principles come together to facilitate an excellent surgical outcome for the patient: revascularization of all diseased coronary arteries with arterial grafts while avoiding arresting the heart or aortic manipulation.

PMID:40583699 | DOI:10.1510/mmcts.2025.048

Categorías: Trasplante cardíaco

Takotsubo Cardiomyopathy After Orthotopic Liver Transplantation: A Case Series

Trasplante cardíaco - Dom, 06/29/2025 - 10:00

Transplant Proc. 2025 Jun 28:S0041-1345(25)00282-9. doi: 10.1016/j.transproceed.2025.05.020. Online ahead of print.

## ABSTRACT

This study examines takotsubo cardiomyopathy (TTS) following liver transplantation (LT). Out of 739 LT patients from 2018 to 2024, 76 developed cardiac dysfunction, with 6 cases of TTS, all male. TTS incidence post-LT was 0.8%, with alcoholic cirrhosis as the main diagnosis. TTS occurred a median of 2 days post-LT, highlighting early complications. High catecholamine levels were noted in 1 case. The study stresses the need for differential diagnosis of TTS in post-LT cardiac dysfunction, especially in alcohol abuse patients, with aggressive treatment including IABP, volume management, and anticoagulation. Echocardiographic assessment post-LT is crucial for TTS detection and management.

PMID:40582931 | DOI:10.1016/j.transproceed.2025.05.020

Categorías: Trasplante cardíaco

Iron chelation therapy in myelodysplastic syndromes and allogeneic hematopoietic cell transplantation, a delicate balance

Trasplante cardíaco - Dom, 06/29/2025 - 10:00

Blood Rev. 2025 Jun 23:101319. doi: 10.1016/j.blre.2025.101319. Online ahead of print.

## ABSTRACT

Anemia is a hallmark of myelodysplastic syndromes/neoplasms (MDS) and most patients with MDS chronically require red blood cell transfusions. Due to the body's inability to excrete excess iron, patients are at increased risk of iron overload, often defined by ferritin levels >1000 ng/mL. Iron overload can cause progressive organ damage from iron deposition in tissues and has been linked to increased mortality. In MDS patients undergoing allogeneic hematopoietic cell transplantation (HCT), iron overload has also been associated with increased non-relapse mortality, decreased overall survival, and a higher incidence of relapse. Prospective and retrospective studies have demonstrated the safety and clinical benefit of iron chelation therapy (ICT) in lower-risk MDS. Despite some common adverse effects associated with ICT, such as renal toxicity and gastro-intestinal symptoms, managing iron levels remains essential in transfusion-dependent MDS patients, and those who are undergoing HCT to optimize pre-transplant conditions, and enhance post-transplant outcomes.

PMID:40582916 | DOI:10.1016/j.blre.2025.101319

Categorías: Trasplante cardíaco

<u>Heart Transplant Waiting List Mortality - Impact of HeartMate 3 and the Need for</u> <u>Prioritized Organ Allocation</u>

Trasplante cardíaco - Dom, 06/29/2025 - 10:00

Circ J. 2025 Jun 28. doi: 10.1253/circj.CJ-25-0088. Online ahead of print.

# ABSTRACT

BACKGROUND: Japan's heart transplantation system is characterized by an extremely long waiting period, which contributes to significant mortality on the waiting list. The current allocation system may maintain favorable post-transplant outcomes at the expense of high-risk patients, particularly those with severe heart failure or complications following left ventricular assist device (LVAD) implantation. To explore an optimal allocation system for Japan, we investigated risk factors for waiting list mortality.

METHODS AND RESULTS: We analyzed 300 patients registered on the heart transplant waiting list at Osaka University between 2014 and 2024. Cox hazard analysis identified age at registration (hazard ratio [HR] 1.023) and congenital heart disease (HR 4.531) as independent risk factors for mortality. In the LVAD cohort (n=244), right heart failure (HR 4.582), stroke associated with systemic infection (HR 5.175), and sudden stroke without preceding infection (HR 3.158) were significant risk factors. Although the HeartMate 3 significantly reduced sudden stroke (P<0.001), it did not improve right heart failure or infection-related stroke. Patients with these complications had significantly lower proportions of time at home with an LVAD (P<0.001).

CONCLUSIONS: Prioritized organ allocation for patients with congenital heart disease, right heart failure, or LVAD-related infections may improve waiting list survival. Reducing hospitalizations in

high-risk LVAD patients could also be beneficial from a healthcare economics perspective.

PMID:<u>40582867</u> | DOI:<u>10.1253/circj.CJ-25-0088</u>

Categorías: Trasplante cardíaco

<u>First Successful Cardiac Allograft Donation and Transplantation after Medical</u> <u>Assistance in Dying (MAiD)</u>

Trasplante cardíaco - Dom, 06/29/2025 - 10:00

J Heart Lung Transplant. 2025 Jun 27:S1053-2498(25)02064-9. doi: 10.1016/j.healun.2025.06.026. Online ahead of print.

## ABSTRACT

Medical assistance in dying (MAiD) provides capable patients with intolerable suffering the option to retain control over the timing and circumstances of their deaths. This case reports the first successful cardiac transplantation after MAiD. A 59-year-old male with end-stage heart failure received a donor heart from a 38-year-old male with ALS who underwent MAiD. The donor heart was retrieved using the TransMedics Organ Care System and successfully transplanted with excellent postoperative function. The recipient's recovery included transient mild rejection and acute kidney injury, both of which resolved with treatment. This case demonstrates the feasibility of cardiac transplantation following MAiD and highlights its potential to expand the donor pool.

PMID:40582651 | DOI:10.1016/j.healun.2025.06.026

Categorías: Trasplante cardíaco

Quantifying association of early proteinuria and estimated glomerular filtration rate changes with long-term kidney failure in C3 glomerulopathy and immunecomplex membranous proliferative glomerulonephritis using the United Kingdom RaDaR Registry

Trasplante cardíaco - Dom, 06/29/2025 - 10:00

Kidney Int. 2025 Jun 27:S0085-2538(25)00491-0. doi: 10.1016/j.kint.2025.06.003. Online ahead of print.

# ABSTRACT

INTRODUCTION: C3 glomerulopathy (C3G) and immune-complex membranous proliferative glomerulonephritis (IC-MPGN) are rare disorders that frequently result in kidney failure over the long-term. Presently, there are no disease-specific treatments approved for these disorders, although there is much interest in the therapeutic potential of complement inhibition. However, the limited duration and necessarily small size of controlled trials means there is a need to quantify how well short-term changes in estimated glomerular filtration rate (eGFR) and proteinuria predict the clinically important outcome of kidney failure.

METHODS: We address this using longitudinal data from the UK Registry of Rare Kidney Diseases (RaDaR) involving retrospective and prospective data collection with linkage to hospital laboratories via automated feeds of 371 patients. Analyses of kidney survival were conducted using Kaplan-Meier and Cox regression with eGFR slope estimated using linear mixed models.

RESULTS: In a median of 11.0 (inter quartile range 7.4-15.1) years follow-up, 148 patients (40%) reached kidney failure. There was no significant difference in progression to kidney failure between C3G and IC-MPGN groups. Baseline urine protein-creatinine ratio (UPCR), although high, was not

associated with kidney failure in either group. Two-year eGFR slope had a modest association with kidney failure. In contrast, both 20%–50% and 50 mg/mmol reductions in UPCR between 0-12 months were associated with lower kidney failure risk in both groups. Notably, those with a UPCR under 100 mg/mmol at 12 months had a substantially lower risk of kidney failure (hazard ratio 0.10 (95% confidence interval 0.03-0.30).

CONCLUSIONS: Overall, proteinuria a short time after diagnosis is strongly associated with long-term outcomes and a UPCR under 100 mg/mmol at one year is associated with a substantially lower kidney failure risk.

PMID:40582408 | DOI:10.1016/j.kint.2025.06.003

Categorías: Trasplante cardíaco

Disease Trajectories and Glucocorticoid Exposure in VEXAS Syndrome Treated with Cytokine-Directed Therapies

Trasplante cardíaco - Sáb, 06/28/2025 - 10:00

Ann Rheum Dis. 2025 Jun 27:S0003-4967(25)01039-8. doi: 10.1016/j.ard.2025.05.021. Online ahead of print.

## ABSTRACT

OBJECTIVES: To establish the long-term impact of cytokine-directed therapies on glucocorticoid use and clinical outcomes in Vacuoles, E1-enzyme, X-linked, Autoinflammatory, Somatic (VEXAS).

METHODS: Patients with VEXAS were prospectively followed for events of transfusion dependence, haematopoietic stem cell transplantation or death. Laboratory results, glucocorticoid exposure and clinical measures were retrospectively assessed in relationship to treatment initiation with interleukin-6-directed therapies (anti-IL6R) or Janus kinase inhibitors (JAKi). Patients were stratified by UBA1 variants and presence of typical clonal haematopoiesis with variant allele fraction  $\geq 10\%$ (CHVAF $\geq 10\%$ ).

RESULTS: In 71 VEXAS patients (81.7% with anti-IL6R or JAKi exposure), event-free survival differed by genotype and presence of concomitant CHVAF $\geq$ 10%: p.M41V (HR [95% confidence interval (CI)]: 5.7 [1.5-20.4]) or p.M41L/T with CHVAF $\geq$ 10% (hazard ratio [HR]: 5.7 [1.6-20.8]) compared to p.M41L. No association between event rates and exposure to anti-IL6R or JAKi was observed. The p.M41V genotype had the highest risk of anaemia, elevated C-reactive protein (CRP) levels, and monocytopenia. Over a median follow-up of 4.8 (interquartile range [IQR] 3.0, 8.1) years, the patients' mean glucocorticoid dose was >15 mg/day prednisone regardless of variant or disease duration. At prospective visits, clinical remission on  $\leq$ 10 mg/day prednisone was observed in only 2.7% of visits. Treatment with anti-IL6R or JAKi showed no clinically meaningful reduction (<5 mg/day difference) in steroid exposure at 1 year post-treatment. No attenuation in the progression of anaemia was observed in response to anti-IL6R and JAKi.

CONCLUSIONS: Cytokine-directed therapies alone do not alter the risk of haematologic disease progression or significantly reduce glucocorticoid exposure in VEXAS. These data provide benchmarks for future interventional studies.

PMID:40581580 | DOI:10.1016/j.ard.2025.05.021

Categorías: Trasplante cardíaco

Assessing Functional Outcomes in Hospitalized Pediatric Heart Transplant <u>Recipients</u> Trasplante cardíaco - Sáb, 06/28/2025 - 10:00

Phys Med Rehabil Clin N Am. 2025 Aug;36(3):647-662. doi: 10.1016/j.pmr.2025.03.008. Epub 2025 May 24.

## ABSTRACT

Hospitalized pediatric heart transplant (PHT) recipients face unique and multifaceted challenges that impact their functional outcomes, including motor skills, activities of daily living, feeding, and communication. Perioperative complications, lengthy hospitalizations, physical deconditioning, and comorbidities associated with complex congenital heart disease are important considerations as they can have a profound impact on their functional abilities and progress of individuals toward achieving independence. This article explores the role of rehabilitation providers in addressing these functional challenges through performance-based outcome measures and aims to support the development of tailored rehabilitation programs to achieve improved quality of life and long-term independence for PHT recipients.

PMID:40581444 | DOI:10.1016/j.pmr.2025.03.008

Categorías: Trasplante cardíaco

Impact of Donor Specific Antibodies on Longitudinal Lung Function and Baseline Lung Allograft Dysfunction

Trasplante cardíaco - Sáb, 06/28/2025 - 10:00

J Heart Lung Transplant. 2025 Jun 26:S1053-2498(25)02038-8. doi: 10.1016/j.healun.2025.06.012. Online ahead of print.

## ABSTRACT

BACKGROUND: Lung transplantation offers life-saving benefits for patients with end-stage lung disease, however, long-term outcomes remain poor, with a median survival of 6.5 years. Identifying patients at risk for poor post-transplant lung function is crucial for improving outcomes. While perioperative and demographic factors have previously been studied, the impact of donor-specific antibodies (DSA) on longitudinal post-transplant lung function remains unclear. This study examines the effects of DSA on post-transplant lung function and the risk of baseline lung allograft dysfunction (BLAD).

RESEARCH QUESTION: Is DSA development linked to worse longitudinal lung function, higher BLAD rates, and poorer survival compared to DSA-negative patients regardless of the development of clinical AMR?

METHODS: The study included lung transplant recipients from two prospective cohort studies, comparing DSA+ and DSA- patients. All participants underwent serial surveillance and clinically-indicated bronchoscopy, pulmonary function tests, and DSA testing. Statistical analysis included linear mixed models for longitudinal lung function data, multivariable logistic regression for BLAD, and survival analysis using Cox Proportional Hazard models.

RESULTS: We analyzed 213 patients with a median follow-up of 48.1 months. Among them, 50.7% developed DSA. DSA+ patients showed significantly lower rates of post-transplant spirometric improvement compared to DSA- patients (p=0.008 for %FVC; p=0.02 for %FEV1). After DSA diagnosis, there was a significant decrease in the slopes of %FVC and %FEV1 (p=0.0008 and p=0.0006, respectively). DSA+ patients had a higher risk of developing BLAD (OR 2.14, 95% CI [1.45, 3.17], p=0.0001). Additionally, DSA+ patients had a higher risk of death (HR 2.98, 95% CI [1.79, 4.99], p<0.0001). These findings were consistent even when excluding patients with clinical antibody-mediated rejection (AMR).

INTERPRETATION: Our study demonstrates that DSA development significantly impairs posttransplant lung function and increases the risk of BLAD even in the absence of clinical AMR. These findings suggest that DSA may serve as a biomarker of BLAD, and could potentially aid in risk stratification following lung transplantation.

PMID:40581272 | DOI:10.1016/j.healun.2025.06.012

Categorías: Trasplante cardíaco

<u>The landscape of referrals for lung transplantation in pulmonary arterial</u> <u>hypertension: a report from the Pulmonary Hypertension Association Registry</u>

Trasplante cardíaco - Sáb, 06/28/2025 - 10:00

J Heart Lung Transplant. 2025 Jun 26:S1053-2498(25)02055-8. doi: 10.1016/j.healun.2025.06.019. Online ahead of print.

## ABSTRACT

PURPOSE: Early referral for lung transplantation in patients with pulmonary arterial hypertension (PAH) is recommended by multiple professional societies. We sought to use the Pulmonary Hypertension Association Registry (PHAR) to describe the current landscape of referrals for lung transplantation in patients with PAH.

METHODS: PHAR is a 72-center US-based registry of patients with PAH. Participants were followed longitudinally with repeat assessments of clinical parameters, including referrals for transplantation. We compared clinical parameters between those referred for transplantation at any point, with those never referred. Next, we tested whether various clinical parameters predicted time to referral, using cox-proportional hazards modeling and stepwise backward elimination.

RESULTS: Of 1671 participants analyzed with 4607 person-years of follow up, 199 (12%) were referred for transplantation. Of those referred, 30% underwent transplantation and 21% died without transplantation. Only 18-29% of participants with functional class 4 disease, REVEAL Lite 2 high-risk disease, or 2022 ESC/ERS high-risk disease were referred for transplant. Rates of referral did not increase in sensitivity analyses restricting the cohort to participants without obvious contraindications based on body mass index or age. In multivariate modeling accounting for death as a competing risk, a diagnosis of pulmonary veno-occlusive disease, higher REVEAL Lite 2 Scores, and parenteral prostacyclin use were associated with increased likelihood of referral, while older age and higher body mass index were associated with decreased likelihood of referral.

CONCLUSION: Rates of referral for lung transplantation in patients with PAH remain unacceptably low and occur too late. Increased awareness of the benefit of early referral is necessary, even at expert centers.

PMID:40581270 | DOI:10.1016/j.healun.2025.06.019

Categorías: <u>Trasplante cardíaco</u>

<u>Oncologist perspectives on the acceptability, appropriateness, and feasibility of</u> <u>the Cancer and Aging Research Group (CARG) chemotherapy toxicity prediction tool</u> <u>for older adults</u>

Trasplante cardíaco - Sáb, 06/28/2025 - 10:00

J Geriatr Oncol. 2025 Jun 27;16(7):102303. doi: 10.1016/j.jgo.2025.102303. Online ahead of print.

#### ABSTRACT

INTRODUCTION: The clinical uptake of validated chemotherapy toxicity predictor tools for older adults with cancer remains low. In this qualitative study, we sought to evaluate oncologist perspectives on the acceptability, appropriateness, and feasibility of the Cancer and Aging Research Group (CARG) chemotherapy toxicity predictor tool.

MATERIALS AND METHODS: We conducted semi-structured qualitative interviews with 18 medical oncologists in the M Health Fairview system to understand barriers to CARG tool use and implementation solutions. A trained researcher conducted interviews, and two coders analyzed interview transcripts to identify themes. Using an implementation science framework, we categorized oncologist perspectives into the outcomes of acceptability, appropriateness, and feasibility.

RESULTS: We identified four themes: (1) current methods for assessing chemotoxicity risk, (2) acceptability - perceptions of the CARG tool, (3) appropriateness - perceptions of the CARG tool in practice, and (4) appropriateness - integration of the CARG tool into oncologist workflow. Participants highlighted the relevance of the CARG questions but noted that certain treatment regimens required additional information (e.g., cardiac function or pre-existing neuropathy). They also noted that the topline results lack nuance and are difficult to interpret, with concern about the tool keeping up with the rapid pace of oncology advances. They pointed out that the tool was not applicable for every patient, especially newer treatments, and questioned the benefit over standard of care. However, they emphasized that a trusted colleague who could be a champion could aid buy-in, and a workflow priority was a seamless integration into the electronic health record.

DISCUSSION: Practicing academic and community-based medical oncologists noted several implementation considerations for the CARG tool. These data have implications for health systems and policymakers who wish to implement chemotoxicity predictor tools into routine practice, and for researchers and learning health systems in designing and conducting pragmatic trials.

PMID:40580678 | DOI:10.1016/j.jgo.2025.102303

Categorías: Trasplante cardíaco

Uremic Peripheral Neuropathy in Nondiabetic Chronic Hemodialysis Patients

Trasplante cardíaco - Sáb, 06/28/2025 - 10:00

Ann Indian Acad Neurol. 2025 Jun 28. doi: 10.4103/aian.aian\_74\_25. Online ahead of print.

# ABSTRACT

Chronic kidney disease is a global public health problem. Emphasis has been placed on uremic peripheral neuropathy (PN) in nondiabetic chronic hemodialysis (HD) patients. This complication could affect the quality of life. We aimed to determine the prevalence and risk factors of PN. This was a cross-sectional study. Evaluation of PN was made by clinical examination and electroneuromyogram. The prevalence of PN was 30.3%. The most common symptoms were paresthesia and burning. Neuropathic pain was symmetrical in the majority of cases and localized to the lower limb (60%). All patients had axonal type PN. In univariate analysis, the risk factors for PN were advanced age (P = 0.012), hypertension (P = 0.007), ischemic heart disease (P = 0.036), high C-reactive protein (microinflammation) (P = 0.002), low urea reduction ratio (P = 0.013), and high  $\beta$ 2 microglobulin (P = 0.002). Since PN is common in nondiabetic chronic HD patients, it becomes necessary to diagnose it and correct its risk factors.

PMID:40580435 | DOI:10.4103/aian.aian\_74\_25

Categorías: Trasplante cardíaco

Safety and efficacy of stem cell therapy in acute myocardial infarction: a systematic review and meta-analysis of adverse events, infarct size and LV ejection fraction assessed by CMRI

Trasplante cardíaco - Vie, 06/27/2025 - 10:00

Open Heart. 2025 Jun 27;12(1):e003301. doi: 10.1136/openhrt-2025-003301.

# ABSTRACT

INTRODUCTION: The current standard treatment for ST-segment elevation myocardial infarction is prompt reperfusion through primary percutaneous coronary intervention. However, myocardial infarction remains the leading cause of heart failure, contributing to prolonged hospital stay and a 30% rehospitalisation rate within 6 months. Stem cell therapy has emerged as a potential approach to repair myocardial damage.

METHODS: This study is a meta-analysis of randomised clinical trials available online. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines were followed, and the study was conducted according to the Cochrane Handbook for Systematic Reviews of Interventions.

RESULTS: 21 articles from 15 trials (21 clinical trial interventions) with a total of 1218 participants were included. Stem cell therapy was associated with fewer adverse events than controls (OR 0.66, 95% CI 0.44 to 0.99, p=0.05), supporting its short-term to mid-term safety. No cardiac-related cancer cases were reported in any group, but longer follow-up is needed to assess potential oncogenic risks. Efficacy analyses showed no significant effect on infarct size (absolute or relative) or left ventricular ejection fraction (LVEF) in short-term follow-up. In long-term follow-up, relative infarct size became statistically significant in favour of stem cell therapy only after exclusion of an outlier study (standardised mean difference -0.63, 95% CI -0.94 to -0.32, p<0.0001). Long-term LVEF improvement was also significant (mean difference 2.63%, 95% CI 0.50% to 4.76%, p=0.02), although substantial heterogeneity remained unexplained despite sensitivity analyses, including the removal of low-correlation studies.

CONCLUSION: Stem cell therapy for acute myocardial infarction demonstrates a favourable safety profile. While overall efficacy remains uncertain, long-term benefits may exist, particularly for relative infarct size and LVEF. However, interpretation is limited by study heterogeneity. Future trials with standardised protocols and longer follow-up are warranted.

PMID:40579230 | PMC:PMC12207128 | DOI:10.1136/openhrt-2025-003301

Categorías: Trasplante cardíaco

Proposal of a Familial Hypercholesterolemia Pediatric Diagnostic Score (FH-PeDS)

Trasplante cardíaco - Vie, 06/27/2025 - 10:00

Eur J Prev Cardiol. 2025 Jun 20:zwaf352. doi: 10.1093/eurjpc/zwaf352. Online ahead of print.

## ABSTRACT

BACKGROUND AND AIMS: Familial hypercholesterolemia (FH) significantly increases cardiovascular risk from childhood yet remains widely underdiagnosed. This cross-sectional study aimed to evaluate existing pediatric FH diagnostic criteria in real-world cohorts and to develop two novel diagnostic tools: a semi-quantitative scoring system (FH-PeDS) and a machine learning model (ML-FH-PeDS) to enhance early FH detection.

METHODS: Five established FH diagnostic criteria were assesed (Dutch Lipid Clinics Network [DLCN], Simon Broome, EAS, Simplified Canadian, and Japanese Atherosclerosis Society) in Slovenian (N=1,360) and Portuguese (N=340) pediatric hypercholesterolemia cohorts, using FH-causing variants as the reference standard. FH-PeDS was developed from the Slovenian cohort, and ML-FH-PeDS was trained and tested using a 60%/40% split before external validation in the Portuguese cohort.

RESULTS: Only 47.4% of genetically confirmed FH cases were identified by all established criteria, while 10.9% were missed entirely. FH-PeDS outperformed DLCN in the combined cohort (AUC 0.897 vs. 0.857; p<0.01). ML-FH-PeDS showed superior predictive power (AUC 0.932 in training, 0.904 in testing vs. 0.852 for DLCN; p<0.01) and performed best as a confirmatory test in the testing subgroup (39.7% sensitivity, 87.7% PPV at 98% specificity). In the Portuguese cohort, ML-FH-PeDS maintained strong predictive performance (AUC 0.867 vs. 0.815 for DLCN; p<0.01) despite population differences.

CONCLUSIONS: Current FH diagnostic criteria perform suboptimally in children. FH-PeDS and ML-FH-PeDS provide tools to improve FH detection, particularly where genetic testing is limited. They also help guide genetic testing decisions for hypercholesterolemic children. By enabling earlier diagnosis and intervention, these tools may reduce long-term cardiovascular risk and improve outcomes.

PMID:40578816 | DOI:10.1093/eurjpc/zwaf352

Categorías: Trasplante cardíaco

Refining lung donor specific antibody-associated risk using donor-derived cell free DNA

Trasplante cardíaco - Vie, 06/27/2025 - 10:00

J Heart Lung Transplant. 2025 Jun 25:S1053-2498(25)02061-3. doi: 10.1016/j.healun.2025.06.023. Online ahead of print.

## **NO ABSTRACT**

PMID:40578718 | DOI:10.1016/j.healun.2025.06.023

Categorías: Trasplante cardíaco

DCD Heart Transplantation with NRP: Excellent Results and a Continued Uphill Battle

Trasplante cardíaco - Vie, 06/27/2025 - 10:00

J Heart Lung Transplant. 2025 Jun 25:S1053-2498(25)02041-8. doi: 10.1016/j.healun.2025.06.014. Online ahead of print.

## **NO ABSTRACT**

PMID:40578717 | DOI:10.1016/j.healun.2025.06.014

Categorías: Trasplante cardíaco

Direct application of a drug delivery platform improves heart transplantation: On the path from innovation to implementation

<u>Trasplante cardíaco</u> - Vie, 06/27/2025 - 10:00

J Heart Lung Transplant. 2025 Jun 25:S1053-2498(25)02057-1. doi: 10.1016/j.healun.2025.06.020. Online ahead of print.

## **NO ABSTRACT**

PMID:40578715 | DOI:10.1016/j.healun.2025.06.020

Categorías: Trasplante cardíaco

# Letter to the Editor

Trasplante cardíaco - Vie, 06/27/2025 - 10:00

J Heart Lung Transplant. 2025 Jun 25:S1053-2498(25)02040-6. doi: 10.1016/j.healun.2025.06.013. Online ahead of print.

## **NO ABSTRACT**

PMID:40578714 | DOI:10.1016/j.healun.2025.06.013

Categorías: Trasplante cardíaco

Clinicopathologic Findings in Native Liver Biopsies After Heart Transplantation and Total Artificial Heart Implantation

Trasplante cardíaco - Vie, 06/27/2025 - 10:00

Hum Pathol. 2025 Jun 25:105861. doi: 10.1016/j.humpath.2025.105861. Online ahead of print.

#### ABSTRACT

Liver biopsy is common before heart transplantation to assess for advanced fibrosis that could require combined heart-liver transplantation. While congestive hepatopathy is common in these biopsies, little is known about what happens in the native liver after heart transplantation. In this study, 1300 adult heart explants were identified at a single institution, 38 of which had subsequent native liver biopsies (2.9%), including 31 after orthotopic heart transplantation (OHT) and 7 after total artificial heart (TAH) implantation. Presentation was variable, but similar overall between post-OHT and post-TAH patients, with elevated liver function tests being the most common indication for liver biopsy (15/38; 39.5%), and AST levels being significantly higher in post-TAH patients than post-OHT patients (mean: 172.4 vs. 59.8 U/L, respectively; p=0.0077). A wide variety of histological patterns was seen, but the most common was a vascular outflow impairment pattern in 11/38 (28.9%) patients. Fibrosis was predominantly mild (23/38; 60.5%), with advanced fibrosis in 5 (13.2%), no fibrosis in 6 (15.8%), and insufficient parenchyma for evaluation in 4 (10.5%). Fewer than half of patients with vascular outflow impairment pattern had a clinical diagnosis of heart failure, suggesting alternative etiologies of vascular injury in post-OHT/TAH patients.

PMID:40578491 | DOI:10.1016/j.humpath.2025.105861

Categorías: <u>Trasplante cardíaco</u>

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URL del envío (Obtenido en 07/15/2025 - 21:18): http://cardiocirugia.sld.cu/aggregator/categories/15