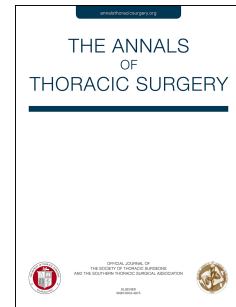


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MELD-XI Scoring System to Predict Outcomes in Patients who Undergo LVAD Implantation (Commentary)

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MELD-XI Scoring System to Predict Outcomes in Patients who Undergo LVAD Implantation (Commentary)

Left ventricular assist devices (LVADs) are increasingly used in patients with advanced heart failure as bridge to transplantation or destination therapy. Despite advances in device technology, LVAD implantation is associated with significant risks of bleeding, thrombosis, infection, and death; highlighting the importance of patient selection. Statistical risk models could be particularly helpful in determining patient-level risk and making decisions for LVAD therapy. In the contemporary device era, HeartMate II Risk Score (HMRS) and Model for End-stage Liver Disease excluding INR (MELD-XI) score have been suggested as useful tools in the patient selection process [1-2]. In this issue of journal, Critsinelis and colleagues [3] from Baylor College of Medicine contribute to the existing literature on the prognostic utility of MELD-XI score in LVAD candidates. In their retrospective analysis of over 500 patients implanted with LVADs, authors demonstrate that patients with high MELD-XI scores have significantly higher early and mid-term mortality following LVAD implantation. Similar to our institutional experience, authors found that MELD-XI score and HeartMate II Risk Score (HMRS) have comparable but poor discrimination for 90-day mortality (area under curve <0.700). Authors also demonstrate that patients with high MELD-XI scores are more likely to experience ischemic stroke and infectious complications following LVAD implantation.

Since MELD-XI is derived from serum creatinine and bilirubin, it is not surprising that patients with higher scores are at higher risk for mortality following LVAD implantation. Renal failure and hepatic failure have been independently associated with poor outcomes in patients with heart failure as well as in those undergoing cardiac surgery. The main question remains whether and how we should implement MELD-XI score into our clinical practice? First of all, it

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