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LOW EJECTION FRACTION IN DONOR HEARTS IS NOT DIRECTLY ASSOCIATED WITH INCREASED RECIPIENT MORTALITY

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To the Editor,

We read with great interest the recently published article by Chen CW et al¹. The authors are to be congratulated for a call to action on a likely high yield yet grossly under-utilized subset of cardiac organ donors; those with initially low ventricular ejection fraction (LVEF). One of the major limitations of their analysis - uncertainty as to whether the echocardiogram used for analysis was indeed the last one before organ harvest - is noted in the accompanying editorial². In addition, evaluation of organ suitability with any given ejection fraction must include knowledge of concurrent pharmacological support; i.e. dose of norepinephrine, dobutamine, thyroid hormone, etc. Were organs retrieved on minimal or no inotropic support? Were low ejection fraction organs successfully resuscitated with aggressive donor management³ and then used? Similarly, with regard to reversibility of left ventricular dysfunction, it should be recognized that LVEF was only reassessed in one year survivors with 15.4%, i.e. one in seven, of the recipients deceased prior to this time.

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