

Letter to the Editor: Long-term outcomes of elderly patients receiving continuous flow left ventricular support

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Letter:

Dear Editor,

We have currently reviewed the article entitled “ Long-term outcomes of elderly patients receiving continuous flow left ventricular support “ by Nicolas A. Brozzi with deep interest.¹ Objectives of the study are well portrayed and author’s work is highly appreciated and need to be endorsed by the readers. We agree with the prime conclusion of the study that continuous left ventricular support tend to produce less complications

for first few years and is highly recommended for those who are having minimal chances of receiving heart transplantation. However few concerns arises regarding validity of the study.

Firstly, considering incomplete patient characteristics and elements can amend the legitimacy of the study. Therefore while including the patients in the study, the author's should have assessed the patient variables and expanded their selection criteria. For illustration 2009 study included additional risk factor such as reduced renal function and found strong association with the patients undergoing ventricular support.² Additionally nosocomial infections plays important role in prognosis and mortality of the patient. This is why the author's should have included history of prophylactic and postoperative antibiotics administered. For example a 2010 study added that patient after being infected by atleast one type of infection tends to have longer hospital stays and thus increased in hospital mortality.³

Thirdly, as established pump thrombosis as one of the long term postoperative complication of ventricular support and to reduce the risk some studies for example a 2015 study have shown to include Asprin 81 mg and Warfarin with an INR target of 2.0-2.5 as postoperative therapy. Therefore author's should have asked for postoperative history of drug administration.⁴ Moreover this study emerges with various concerns due to its single centered origin. To overcome this issue, the author's should have include participants from different hospital setting due to effect of different cultural and socioeconomic status of an individual. For illustration a 2013 study opted to include participants from multicentered setting.⁵

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