weaning from ECMO. In this case, ECMO implantation was performed as a rescue procedure due to cardiac deterioration during induction of general anaesthesia for scheduled CRT-D implantation. As ECMO weaning was not successful during the following days, we conducted CRT implantation to improve LV function. Under biventricular stimulation, intraoperative echocardiography revealed increased contractility, which allowed ECMO explantation due to improved haemodynamics. Immediate CRT effects are assumed as resynchronization of contraction, which immediately improves systolic function and myocardial efficiency, reduces wall stress and mitral regurgitation. However, until now CRT has not been considered as a therapeutic option for acute decompensation of chronic heart failure. There is a small number of publications presenting the use of CRT in patients with acute cardiac decompensation. Milliez et al. showed a benefit of CRT implantation in a small group of patients ($n=20$) with catecholamine-dependent overt heart failure. Their patients could rapidly be weaned from catecholamines after CRT implantation and biventricular pacing [4]. Similar results were shown by Konstantino et al. [5]. No data are available for weaning from ECMO after CRT implantation. In our case report, we show the possibility, in acute cardiac decompensation, of obtaining fast improvement of LVEF, which facilitates weaning from ECMO.

CONCLUSION

In this case, after ECMO implantation due to biventricular heart failure, CRT implantation enabled the improvement of LV function and allowed successful weaning from ECMO.

REFERENCES


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References


