



Donor Heart Case Studies

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CUTTING EDGE OF
TRANSPLANTATION

AST | AMERICAN SOCIETY OF
TRANSPLANTATION

RESOLVING THE ORGAN SHORTAGE



PRACTICE |



POLICY |



POLITICS

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Disclosure

- I have no financial relationships to disclose

CEOT Donor Heart Case Studies

Recipient:

- 58 yr old male
- 6 ft tall, 190 lbs, blood type: O
- 2 prior MV Surgeries (Repair '02 and replacement '11)
- Milrinone 0.75mcg/kg/min, dobutamine 3 mcg/kg/min and a swan-Ganz (Status IA)
- Going for TAH at 8am
- At 7:30 am while rolling down to the OR...

CEOT Donor Heart Case Studies

Donor:

- 26 yr old male
- 5' 11", 187 lbs, blood type: O
- COD: IV drug overdose (found down in the bathroom of a minimart with needle in arm)
- PMHx: polysubstance abuse
- Cath Clean, ECHO: normal
- All serologies are negative except for Hepatitis C

CEOT Donor Heart Case Studies

Decision Issue:

In the current era with novel anti-viral agents (ie. Anti-hep C or anti-HIV) are there circumstances in which a high risk social behavior donor would be used?

CEOT Donor Heart Case Studies

Recipient:

- 65 yr old male
- 5'7" ft tall, 170 lbs, blood type: O
- PMHX: CABG x3 and MVRepair
- Milrinone 5 mcg/kg/min
- Status IB
- Creatinine: 1.6 mcg/dl

CEOT Donor Heart Case Studies

Donor:

- 36 yr old female
- 5' 11", 187 lbs, blood type: O
- COD: Anoxic brain injury from Stab wound to the heart
- S/P Median Sternotomy with repair of cardiac laceration (dictated by Trauma Surgeon)
- PMHx: Smoker (1/2 ppd)
- ECHO: normal

CEOT Donor Heart Case Studies

Decision Issue:

Should donors with a history of cardiac trauma be declined?

CEOT Donor Heart Case Studies

Recipient:

- 53 yr old male
- 6'3" ft tall, 190 lbs, blood type: A
- NICM
- CF LVAD
- Status IA, (driveline infection)
- 2 prior bouts of bacteremia
- Highly sensitized (80%),

CEOT Donor Heart Case Studies

Donor:

- 40 yr old male
- 5' 11", 175 lbs, blood type: O
- COD: s/p ICH
- PSHX: Craniotomy
- PMHx: Glioblastoma Multiforme
- ECHO: normal
- Perfect HLA match

CEOT Donor Heart Case Studies

Decision Issue:

Should a donor with a GBM be used for transplantation?

Should donors with history of primary neurological malignancies be turned down for cardiac donation?