



Donor Heart Case Studies

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PRACTICE |



POLICY |



POLITICS

FEBRUARY 25-27, 2016 • PHOENIX, ARIZONA

CEOT Donor Heart Case Studies

- I have no disclosures

CEOT Donor Heart Case Studies

Donor 1

- 32yr old Caucasian male
- 5 ft 6 in, 140 lbs
- Asphyxiation from hanging, prison
- CDC high risk
- Echo:
 - Day 1: EF 20%, dobutamine, LVEDD 4.5
 - Day 2: EF 30%, vasopressin, thyroxine, phenylephrine. LVEDD 4.5. Mild-moderate MR
- RHC: RA 13, PAP 45/25 m32; PCWP 20, CO4.2, HR 80
- Family wants to go to OR immediately

- Would you use this donor for

CEOT Donor Heart Case Studies

Recipient A

- 60 yr old male; 5'8" 175lbs
- Ischemic cardiomyopathy s/p CABG, s/p cfLVD, s/p subcostal exchange
- Chronic driveline infection – status 1a
- RA 14, PA 36/20 mean 25, CO 4.8, BP mean 70 with low pulse pressure

- Issues: Infection, tough re-operation, chronic RHF with potential for post-op vasoplegia

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Recipient B

- 68 yr old male; 6,0” 195lbs
- Ischemic cardiomyopathy s/p CABG, s/p LV aneurysm repair
- Subclavian IABP
- RA 10, PA 41/20 mean 23, TPG 11, CO 4.8
- BP mean 80 with pulsatility

- Issues: Relatively easy reop, good pulsatility without RHF. But is heart good enough for support and good long-term result

CEOT Donor Heart Case Studies

Donor 2

- 42yr old Caucasian male
- 5 ft 6 in, 120 lbs
- Pedestrian vs automobile, blunt head trauma
- Echo:
 - EF 60%, dopamine 3, LVEDD 3.8
 - Valves normal, thickness 1.1
- LitCo : CO 7.4, CVP 8, BP 120/85
- Would you use this donor for

CEOT Donor Heart Case Studies

Recipient A

- 60 yr old female; 5'8" 215lbs
 - Dilated cardiomyopathy s/p cfLVD
 - Chronic RHF on inotropes – status 1a
 - Inflow cannula not optimal
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- Issues: size mismatch, urgency of recipient, gender match

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Recipient B

- 70 yr old male; 6,3” 265lbs
 - Ischemic cardiomyopathy s/p CABG
 - Subclavian IABP
 - RA 5, PA 42/20 mean 24, TPG 12, CO 5.8
 - LVEDD 8.5cm
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- Issues: 60% size mismatch; pericardial space; large males – how big a donor do they really need?