



# Donor Heart Case Studies

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# CEOT Donor Heart Case Studies

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- I have no disclosures

# CEOT Donor Heart Case Studies

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## Recipient # 1

- 25 yr old female
- Height 5 ft 2 in, weight 115 lbs.
- 15 yrs s/p Fontan procedure
- 3 prior sternotomies
- 10 years s/p stenting of prox left PA
- Progressive Fontan failure
- NYHA class III, highly functional
- CVP, LPA, RPA mean pressure 22
- Moderate ascites
- Liver biopsy – early focal periportal fibrosis , without frank cirrhosis

# CEOT Donor Heart Case Studies

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## Donor #1:

- 40 yr old wh male
- 5 ft 9 in, 140 lbs
- Nrl hemodynamics
- No inotropes
- Nrl echo
- Nrl coronaries
- Virtual x-match neg.

# CEOT Donor Heart Case Studies

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## Donor #1:

- Decision Issue:

Are there circumstances in which a potentially oversized donor heart could cause restrictive physiology that would likely adversely affect QOL and functional outcome?

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## Donor #2:

- 16 year old white female
- 4 ft 10 inches , 90 lbs.
- Cause of death MVA
- Nrl echo without wall motion abnormalities
- Dopa 7.5 mcg/kg/min, T4
- CVP 10
- Unable to wean dopa secondary to hypotension in low 90's
- Nrl lactate, nrl troponin

# CEOT Donor Heart Case Studies

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## Donor #2:

- Decision Issue:

In the setting of needing complex pulmonary artery reconstruction with multiple prior sternotomies and the potential for destabilizing bleeding at Tx, what level of donor heart reserves are necessary to ensure a good outcome?

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## Recipient #2:

- 42 year old AA male 1 year s/p implantation of a CF LVAD
- Ht 5 ft 10 in, wt 170 lbs.
- S/P CABG in past
- Highly functional with good QOL
- RHC 6 mo post implant: Pcw 25, PAP 58/30 with mean of 40, TPG 15
- VAD flows 4.5 – 5 l/min
- Echo – mod TR
- After adjustment of pump speed, 2 weeks before donor call, Pcw 22, PAP 55/25 with mean of 37, TPG 15
- Echo: apical cannula slightly toward lateral free wall with some turbulence to inflow
- PRA 5% cl I, 0% cl II



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## Donor #1:

- 35 year old AA female
- Intracerebral bleed
- Hx of hypertension
- Ht 5 ft 6 in, wt 200 lbs.
- T4, no inotropes
- Echo – nrl RV, LV function, mild LVH
- Virtual X-match neg.

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## Donor #1:

- Decision issue:

Will a size-matched female donor provide sufficient RV and LV reserves for a male patient with uncertain pulmonary reactivity (pulmonary hypertension in setting of persistently elevated Pcw secondary to partial inflow cannula obstruction) post LVAD implant?

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## Donor #2:

- 50 yr old AA male
- Height 5 ft 10 in, weight 160 lbs.
- Cause of death MVA
- T4, Dopa 5 mcg/kg/min
- Echo – nrl RV, LV function
- Nrl coronaries
- Virtual X-match neg.

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## Donor #2:

- Decision Issue

Is this donor with moderately increased age with similar ( slightly smaller) size and mild-moderate inotrope requirement of sufficient quality to consider for this recipient with moderate elevation of TPG on LVAD support?

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## Donor #3:

- 28 yr old WM
- Height 5 ft 8 in , weight 135 lbs.
- Cause of death MVA
- T4 only
- Nrl RV, LV function
- CVP 10
- Virtual XM neg.

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## Donor #3:

- Decision Issue

Is a robust young heart from a donor slightly over 20% smaller in weight than the recipient suitable for this stable LVAD patient with moderate increase in TPG?