

Title Swinging from Golf to Cardiogenic Shock: A Road to Heart Transplant

Asim Shabbir, MBBS

Cardiovascular disease fellow
Division of Cardiovascular Medicine

University of Nebraska
Medical Center



Nebraska
Medicine

Disclosures

Nothing to disclose



CASE: HISTORY

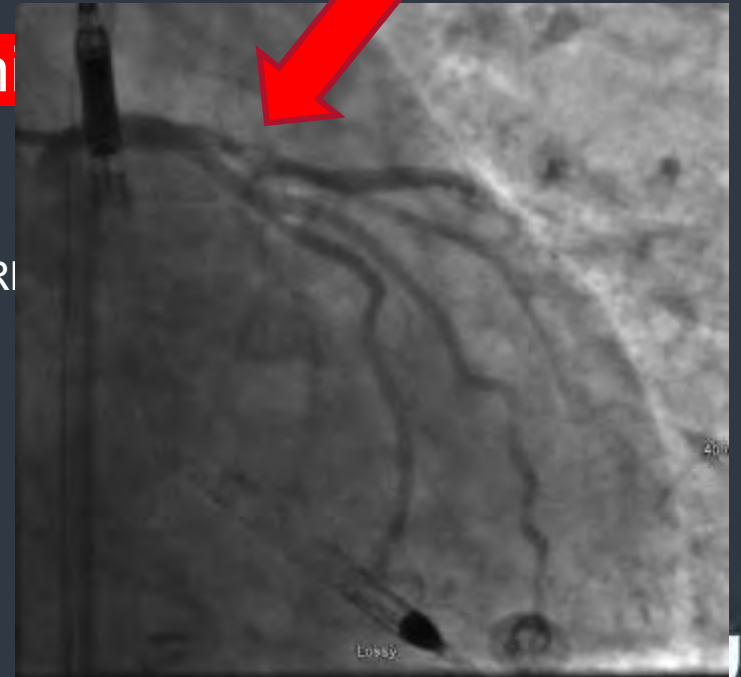
74 y/o male

CC: Chest pain and syncope while playing golf, presented to OSH > STEMI > PCI >

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CASE: HISTORY

Labs: Cr 1.4, GFR 53, AST 1058, ALT 263, Hb 13.6, Plt 280k, BNP 1250, lactic acid 5.2

CXR: BL pulmonary edema, chronic elevation of R hemidiaphragm

Hospital course:

- VA-ECMO cannulation on arrival to ensure hemodynamic stability
- VA-ECMO decannulated within a week.
- Femoral impella CP transitioned to axillary impella.
- Attempted to wean off impella x2 > pulmonary edema
- Course complicated by ileus with self resolution.
- Evaluated for LVAD vs. transplant. Listed as UNOS status 2 OHT
- Worked with physical therapy and underwent heart transplant within a month.
- Excellent recovery post-op. Weaned off inotropes within a week. Working with PT



Take home points

- Patient selection is key for the success of heart transplant
- Age (>65) is an important factor but not an absolute contraindication for GET
- Transplant evaluation is a dynamic process > changes with the change in clinical status
- Physical rehab before transplant may improve post-op clinical outcomes

Thank you



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