and were treated with the CRRT/MHT strategy with good outcomes (Table 1). Similar reports of hypothermia combined with intra-aortic balloon pump support after heart surgery have also been published, with good outcomes.^{5,6} Randomized clinical studies are needed to evaluate the efficiency and safety of the CRRT/MHT strategy in acute left heart failure after cardiovascular surgery.

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EDITORIAL COMMENTARY

Innovative strategy for severe left ventricular failure without use of a left ventricular assist device

Nevin M. Katz, MD

See related article on pages 604-6.

The report from Du and colleagues¹ at the Fu Wai Hospital in Beijing, China, describes an innovative approach to manage acute severe left ventricular failure without the use of a left ventricular assist device. Hypothermia is now recognized as a valuable technique to allow cerebral recovery after a period of cardiac arrest. With the approach described in this report, the concept is extended to allow myocardial recovery in the postcardiotomy patient with severe acute cardiac failure.

With this strategy, moderate hypothermia permits the reduction of cardiac preload, afterload, and inotrope and vasopressor support, thereby reducing cardiac workload and facilitating myocardial recovery. The management with

hypothermia includes renal replacement therapy and full ventilator support to reduce overall metabolic requirements. The goal is to facilitate cardiac recovery without the development of multi-organ system failure.

Although the experience reported is limited to 12 patients, and it is not a prospective, randomized trial, the favorable survival results in these patients with severe acute heart failure are encouraging. In this era of limited hospital and financial resources, this innovative approach may well see application in a variety of situations, especially in hospitals without access to advanced cardiac support technology.

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Address for reprints: Nevin M. Katz, MD, Johns Hopkins Hospital, 1800 Orleans St, Suite 7107, Baltimore, MD 21287-4618 (E-mail: nevinkatz@aol.com).

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