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[A 10-year of temporary mechanical circulatory support at the University Hospital of Liège]

[Article in French]

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PMID: 41815031

Abstract in English, French

Cardiogenic shock is characterized by failure of the cardiac pump, requiring early recognition and prompt hemodynamic stabilization. The SCAI-SHOCK classification, which grades severity across five stages, facilitates standardized clinical communication and ensures population homogeneity in clinical trials. In cases of cardiogenic shock refractory to medical treatment, temporary mechanical circulatory support (MCS) is essential to maintain systemic blood flow and preserve end-organ function. This monocentric retrospective study analyzes ten years of experience with temporary MCS at the University Hospital (CHU) of Liège. Data are presented according to ischemic and non-ischemic etiologies. Outcomes of temporary MCS in cardiac arrest refractory to conventional cardiopulmonary resuscitation, as well as the use of monoventricular microaxial pumps, are also evaluated. Close multidisciplinary collaboration is crucial to address reversible causes, limit the duration of low cardiac output, and improve patient prognosis. This study highlights the evolution of management strategies and the importance of integrated care in optimizing clinical outcomes.

Keywords: Cardiogenic shock; Mechanical circulatory support; Microaxial flow pump; SCAI-SHOCK classification.

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