# Article information:

Acute Biventricular Mechanical Circulatory Support for Cardiogenic Shock - PMC  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5721869/>

# Article summary:

1. Biventricular Impella axial flow catheters (BiPella) can be used as a novel acute mechanical support strategy for patients with cardiogenic shock complicated by biventricular failure.

2. The study found that BiPella use was associated with no intraprocedural mortality and major complications including limb ischemia, hemolysis, and Thrombolysis in Myocardial Infarction major bleeding.

3. Compared to nonsurvivors, survivors had lower pulmonary artery pressures and RV stroke work index before BiPella, as well as lower pulmonary vascular resistance, effective pulmonary artery elastance, and higher pulmonary artery compliance.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article is generally reliable and trustworthy due to its detailed description of the study design, results, and conclusions. The authors provide a clear explanation of the methods used to collect data from 20 patients receiving BiPella for biventricular failure from 5 tertiary-care hospitals in the United States. Furthermore, they provide evidence for their claims by citing relevant studies in the literature review section of the article.

However, there are some potential biases that should be noted when evaluating this article. First, the sample size of 20 patients is relatively small which may limit the generalizability of the findings to larger populations. Second, since this was a retrospective study it is possible that some important information may have been overlooked or omitted due to recall bias or other factors. Finally, since this was an observational study it is difficult to draw causal inferences from the results due to potential confounding variables that were not accounted for in the analysis.

In conclusion, while this article provides valuable insights into the efficacy of BiPella for cardiogenic shock it should be read with caution given its potential biases and limitations.

# Topics for further research:

* Cardiogenic shock treatment
* Biventricular failure management
* Retrospective study design
* BiPella efficacy
* Recall bias
* Confounding variables

# Report location:

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