



# Optimal bridge to recovery strategy for children

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Optimal strategy of bridge to recovery using ventricular assist device in children with advanced heart failure remains unestablished. Javier Delmo and colleagues demonstrated that post-weaning myocardial recovery and cardiac stability of children with advanced heart failure receiving ventricular assist device was feasible when the weaning was appropriately performed according to their institutional protocol (1). Several concerns have been raised.

The authors stated that they administered standard heart failure medications following the implantation of ventricular assist device (1), but data were not presented. Detailed data including doses of each medication and discussion regarding the implication of up-titration of these medications targeting bridge to recovery should be valuable to understand optimal bridge to recovery strategy.

In addition to the weaning test that the authors proposed, any procedures to assess patients' cardiac reserve, including iodine-123 meta-iodobenzylguanidine scintigraphy (2), might be useful to predict the probability of cardiac reverse remodeling.

In their study, the post-weaning freedom from heart failure recurrence was 96% during a mean follow-up duration of 9.0 years and none of the weaned patients underwent repeat ventricular assist device implantation (1). Given such a favorable clinical outcome following the device explantation, now might be a time to expand the indication of device explantation and modify the weaning protocol.

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