



## Clinical Management of Cardiogenic Shock and Cardiac Arrest

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submissions:

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### Message from the Guest Editor

Dear Colleagues,

Cardiogenic shock remains a complex disease entity associated with high mortality that compromises the well-being of patients and caregivers in healthcare systems around the world. Severe refractory cardiogenic shock complicated with cardiac arrest carries an exceedingly high mortality and, paradoxically, is where most of the contemporary high-profile resource intensive interventions are oftentimes utilized. In that context, classifications, team-based approaches and systems of care that allow for early recognition of the disease have emerged in an attempt to halt hemometabolic involvement and provide a pathway towards more defined transitions, including heart recovery or remission. Aspects related with decongestion, weaning and escalation of temporary MCS, as well as strategies that promote ambulation, nutrition, and end-organ recovery (including neuroprotection after cardiac arrest), are some of the ongoing clinical questions that need to be addressed to best understand and guide clinicians in this rapidly evolving field. In this Special Issue, we invite authors to submit papers on the clinical advance of management of cardiogenic shock and cardiac arrest.





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