

Fibrinogen relation to outcomes in congenital heart surgery

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Congenital heart surgery is an evolving field with still much to comprehend regarding hemostasis and bleeding control. Lower fibrinogen levels have been related to blood products transfusion and potential morbidity. We sought to evaluate the relation of fibrinogen to outcomes in congenital heart surgery in our population.

This is a single center retrospective trial. We included all patients admitted to the Pediatric Intensive Care Unit (PICU) and submitted to congenital heart surgery during a 19-month period. Primary outcome was death during surgery or PICU stay. Secondary outcomes were amount of blood products transfusion in the operating room (OR) or PICU, low output cardiac syndrome (LOCS), acute kidney injury (AKI), mechanical invasive ventilation (MIV) length and PICU stay length. Statistical inference was performed using R CRAN version 3.5.0. Linear regression and ANOVA were used for continuous variable correlation and student T-test for continuous and binomial variables correlation. In our small cohort, fibrinogen levels tend to be lower in the neonatal age. These values appear to have some relation to mortality and morbidity after congenital heart surgery. Although these outcomes tend to be multifactorial, the potential role of



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