

Myocardial injury and function in mechanically ventilated children with and without lung injury

Published: 25-01-2011

Last updated: 30-04-2024

a) to study if biochemical evidence of myocardial injury is associated with impaired myocardial function and to study potential determinants, and b) to study if impaired myocardial function is associated with the need for vaso-active support

Ethical review	Not approved
Status	Will not start
Health condition type	Myocardial disorders
Study type	Interventional

Summary

ID

NL-OMON34967

Source

ToetsingOnline

Brief title

The heart during mechanical ventilation

Condition

- Myocardial disorders

Synonym

myocardial dysfunction, Myocardial injury

Research involving

Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Groningen

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Children, Mechanical ventilation, Myocardial function, Myocardial injury

Outcome measures

Primary outcome

Haemodynamic indices of myocardial dysfunction (cardiac index, global ejection fraction, dPmax).

Secondary outcome

Need for vaso-active infusions (dopamine, dobutamine, norepinephrine)

Study description

Background summary

Mechanical ventilation of patients with respiratory failure has added significantly to the survival. Over the last years it has become apparent that mechanical ventilation itself induces pulmonary inflammation, termed ventilator induced lung injury (VILI). VILI has been linked to multiple organ dysfunction syndrome (MODS). The heart is one of the organs involved in MODS in patients with ALI/ARDS. Biochemical evidence of myocardial injury in critically ill mechanically ventilated children has been reported by various groups. However, the effects on myocardial function as well as the clinical consequences of these observations remain unclear and need to be studied.

Study objective

a) to study if biochemical evidence of myocardial injury is associated with impaired myocardial function and to study potential determinants, and b) to study if impaired myocardial function is associated with the need for vaso-active support

Study design

Prospective, observational study with invasive measurements.

Intervention

Insertion of central arterial line with option for thermodilution

Study burden and risks

A special arterial line will be inserted into the femoral artery. Blood samples (2 ml) will be drawn at baseline, 24, 48 en 72 hours after enrolment. At these same time intervals haemodynamic measurements are performed. Patients are sedated during their PICU stay and receive proper analgesia. Potential risks include displacement of the indwelling arterial or central venous catheter, or haemorrhage at the injection site during insertion of the line.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)
Adolescents (16-17 years)
Children (2-11 years)

Inclusion criteria

Presence of biochemical evidence of myocardial injury (cardiac Troponin T and/or CK-MB and/or NT pro-BNP greater than the upper limit of the reference value)

Mechanical ventilation for at least 24 hours

Presence of indwelling central venous line

Informed consent obtained from parents or legal caretakers

Exclusion criteria

Mechanical ventilation less than 24 hours

History of congenital heart disease

Surgery for congenital heart disease

History of acquired heart disease (i.e. cardiomyopathy, myocarditis)

Study design

Design

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

Recruitment

NL
Recruitment status: Will not start

Enrollment: 75

Type: Anticipated

Ethics review

Not approved

Date: 22-07-2010

Application type: First submission

Review commission: CCMO: Centrale Commissie Mensgebonden Onderzoek (Den

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL29815.000.10