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**Authors reply: Response to the editorial titled  
 “BVS, RDN, IABP: The Afghanistan of  
 interventional clinical trials”**



*Reply*

It is an interesting point, but it again boils down to the fact that limitation of intra-aortic balloon pump (IABP) in cardiogenic shock is due to incomplete understanding of pathophysiology of this condition, being different in different etiologies responsible for cardiogenic shock. Since IABP helps mostly “by decreasing the afterload to the heart and increasing the diastolic blood flow in the

coronaries,” it may be useful in ischemic destabilization but only when delivered quite early.<sup>1</sup> Once hemodynamic decompensation sets in, IABP may not be useful in this condition as well because it only very slightly improves cardiac output as compared to other assist devices like Impella or Tandem Heart.<sup>2</sup> Thus there is a narrow window where IABP can work and the crux lies in identifying this window and delivering IABP within this period itself. If delayed beyond a certain point, even this therapy may be worthless.

**References**

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