



Letter to the Editor

Pulseless Paradoxus: A Clue to the Presence of Cardiac Tamponade During Continuous-Flow Mechanical Circulatory Support

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TO THE EDITOR: Cardiac tamponade is a medical emergency, necessitating rapid diagnosis and treatment. The report by [Akhtar et al.](#)¹ highlights the challenges of diagnosing cardiac tamponade in the context of mechanical circulatory support and continuous-flow physiology, where classical signs of cardiac tamponade may be masked.

Although there is limited utility of pulsus paradoxus to diagnose cardiac tamponade during continuous flow, observing for pulseless paradoxus (defined as an inspiratory decrease in the mean arterial pressure of ≥ 10 mmHg) may be a helpful clue to its presence.² While I agree with Akhtar et al.¹ that non-invasive imaging is an important element in the diagnosis of atypical cardiac tamponade, the physical exam remains of equal importance. Careful attention to the presence of pulseless paradoxus on the arterial tracing of patients requiring escalating doses of vasoactive agents while on continuous-flow mechanical circulatory support may lead to an earlier diagnosis of cardiac tamponade.

References

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