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Heart Failure in Children

Guest Editor:

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Deadline for manuscript submissions:

closed (28 February 2022)

Message from the Guest Editor

It is my privilege to invite you to contribute to this special issue. The management of HF in children has based on clinical experience and the application of adult data. You can share your experience with managing acute and chronic HF in neonates and infants, mechanical circulatory support, HF in CHD. This will help to improve research into pediatric HF treatments, and we all can learn from our collective experience.

In children, HF is most often caused by congenital heart disease (CHD) and cardiomyopathy. Current management and pharmacological therapy for HF in children are extrapolated from adult cardiology practices rather than from evidence from controlled clinical trials in children. There are significant barriers to applying adult data to children because of different disease mechanisms, variation in the pharmacodynamics of drugs used to treat HF from birth to adolescence, heterogeneous etiologies of cardiomyopathies, and differences in the genetic expression profiles of children with HF. However, clinical treatment of children with the same drugs that have proven to be beneficial in adults provides reassurance that the outcomes may be similarly helpful.













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Message from the Editor-in-Chief

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