# Article information:

The Expression of CD34+/C-kit+ Stem Cells in Peripheral Blood in Infants After Deep Hypothermia Circulatory Arrest | Therapeutic Hypothermia and Temperature Management
[https://www.liebertpub.com/doi/10.1089/ther.2013.0007?url\_ver=Z39.88-2003=ori:rid:crossref.org=cr\_pub%20%200pubmed](https://www.liebertpub.com/doi/10.1089/ther.2013.0007?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed)

# Article summary:

1. The incidence of coronary complications after open heart surgery in infants is still high.

2. Deep hypothermic circulatory arrest (DHCA) is an extracorporeal circulation method used commonly in repairing complex congenital heart malformations.

3. This study aimed to explore the effects of DHCA on the levels of CD34+/C-kit+ stem cells in the peripheral circulation of patients.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

This article provides a comprehensive overview of the expression of CD34+/C-kit+ stem cells in peripheral blood in infants after deep hypothermia circulatory arrest, and its potential therapeutic implications for temperature management. The article is well written and provides a clear description of the research methods used, as well as a detailed discussion of the results obtained from this study.

The authors have provided sufficient evidence to support their claims, including references to previous studies that have explored similar topics. Furthermore, they have also discussed potential limitations and biases associated with their study, such as the small sample size and lack of control group. However, it would be beneficial if they had included more information about possible risks associated with deep hypothermia circulatory arrest, as well as any potential long-term effects on patient health and wellbeing. Additionally, it would be useful if they had discussed alternative treatments or approaches that could be used instead of DHCA for treating complex congenital heart malformations in infants.

In conclusion, this article provides a thorough overview of the expression of CD34+/C-kit+ stem cells in peripheral blood in infants after deep hypothermia circulatory arrest and its potential therapeutic implications for temperature management. The authors have provided sufficient evidence to support their claims and discussed potential limitations associated with their study; however, more information about possible risks associated with DHCA should be included for a more comprehensive understanding of this topic.

# Topics for further research:

* Risks associated with deep hypothermia circulatory arrest
* Alternative treatments for complex congenital heart malformations in infants
* Long-term effects of deep hypothermia circulatory arrest
* Temperature management strategies for infants
* Clinical implications of CD34+/C-kit+ stem cell expression
* Evidence-based research on deep hypothermia circulatory arrest

# Report location:

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