WINFOCUS WORLD CONGRESS 2025

COSTA RICA December the 5th 2025

INTRODUCTION AND PROGRAM - CAMPUS: on CARDIOGENIC SHOCK

Date: December 5, 2025
Time: 8:50 am to 1:00 pm
Duration: 40 minutes
5 Slots Available: (9:00–9:40) (9:50–10:30) (10:40–11:30) (11:30–12:10) (12:20–13:00)
Language: English

INTRODUCTION

Cardiogenic shock (CS) remains a complex and heterogeneous syndrome characterized by impaired myocardial function leading to inadequate tissue perfusion and high mortality despite advances in care. Contemporary management increasingly emphasizes the importance of **early phenotyping**, recognizing that cardiogenic shock is not a uniform entity but a spectrum of pathophysiological states involving variable degrees of left and right ventricular dysfunction, systemic inflammation, and microcirculatory failure. Early and accurate phenotyping— guided by **point-of-care cardiac ultrasound**—allows clinicians to delineate the predominant mechanism of shock, distinguish between left-sided, right-sided, or biventricular failure, and identify potentially reversible conditions such as mechanical complications or obstructive physiology. This individualized understanding facilitates **targeted hemodynamic management**, rational use of vasoactive and inotropic agents, and timely selection of mechanical circulatory support.

GENERAL OBJECTIVE

Learn how to obtain, through cardiac ultrasound evaluation in cardiogenic shock, the key information necessary for accurate phenotyping and optimal patient management, with a focus on assessing left and right ventricular systolic function.
Participants will learn to apply cardiac ultrasound in recognizing the fundamental echocardiographic patterns that differentiate cardiogenic shock phenotypes through a

systematic, three-tiered approach. The course will further address the most validated and reproducible echocardiographic indices for evaluating left and right ventricular systolic performance.

SPECIFIC OBJECTIVES

1. Recognize which phenotype of cardiogenic shock is in play: (A) left ventricular vs. right ventricular vs. biventricular; (B) acute vs. acute on chronic; (C) ischemic vs. non-ischemic
2. Understand the relevant management and prognostic implications
3. Assess LV systolic function
4. Assess RV systolic function
5. Estimate SV through LVOT VTI measurement
6. Pulmonary Artery Pressure measurement

ADVANCED WORKSHOP PROGRAM – BRAIN PERFUSION ASSESSMENT

Timing	**Activity**	**Faculty**
5 minutes	Welcome and introduction of the faculty. Group allocation.	Dr. Gabriele Via
30 minutes	**Hands-on Workstations** **Technical skills:** - LV Ejection Fraction measurement - MAPSE measurement - TAPSE measurement LVOT VTI measurement PAPs and PAPm measurement	 Dr. Anthony Dean Dr. Larry Melniker Dr. Guido Tavazzi Dr. Gabriele Via

	Non-technical skills: – Differentiate the various Cardiac Ultrasound clips presented according to three-tiered phenotyping approach Interpret the findings of the LV and RV function measurement consistently and according to the clinical picture	
5 minutes	Ending remarks	

FACULTY TEAM

Dr. Gabriele Via (Coordinator)
Dr. Guido Tavazzi
Dr. Anthony Dean
Dr. Larry Melniker