
Impella vs intra-aortic balloon pump in patients with acute myocardial infarction complicated with cardiogenic shock: an updated systematic review and meta-analysis

Muhammad Ahmed, Serish Bano, Mutahira Asif, F N U Sidra, Meva Ram, Shahida Bibi

Department of Internal Medicine, Shaheed Mohtarma Benazir Bhutto Medical College Lyari, Karachi, Pakistan

Corresponding Author: Muhammad Ahmed, Department of Internal Medicine, Shaheed Mohtarma Benazir Bhutto Medical College Lyari, Karachi, Pakistan. E-mail: muhammadahmed5515@gmail.com

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Intention-to-treat	Unique ID	Study ID	Experimental	Comparator	Outcome	Weight	D1	D2	D3	D4	D5	Overall		
	1	Ouweneel et al.201 NA		NA	NA	1	+	+	+	+	+	+	+	Low risk
	2	Seyfarth et al. 2008 NA		NA	NA	1	+	+	+	+	+	+	!	Some concerns

D1	Randomisation process
D2	Deviations from the intended interventions
D3	Missing outcome data
D4	Measurement of the outcome
D5	Selection of the reported result

Figure S1. Risk of bias for the included randomized-controlled-trials

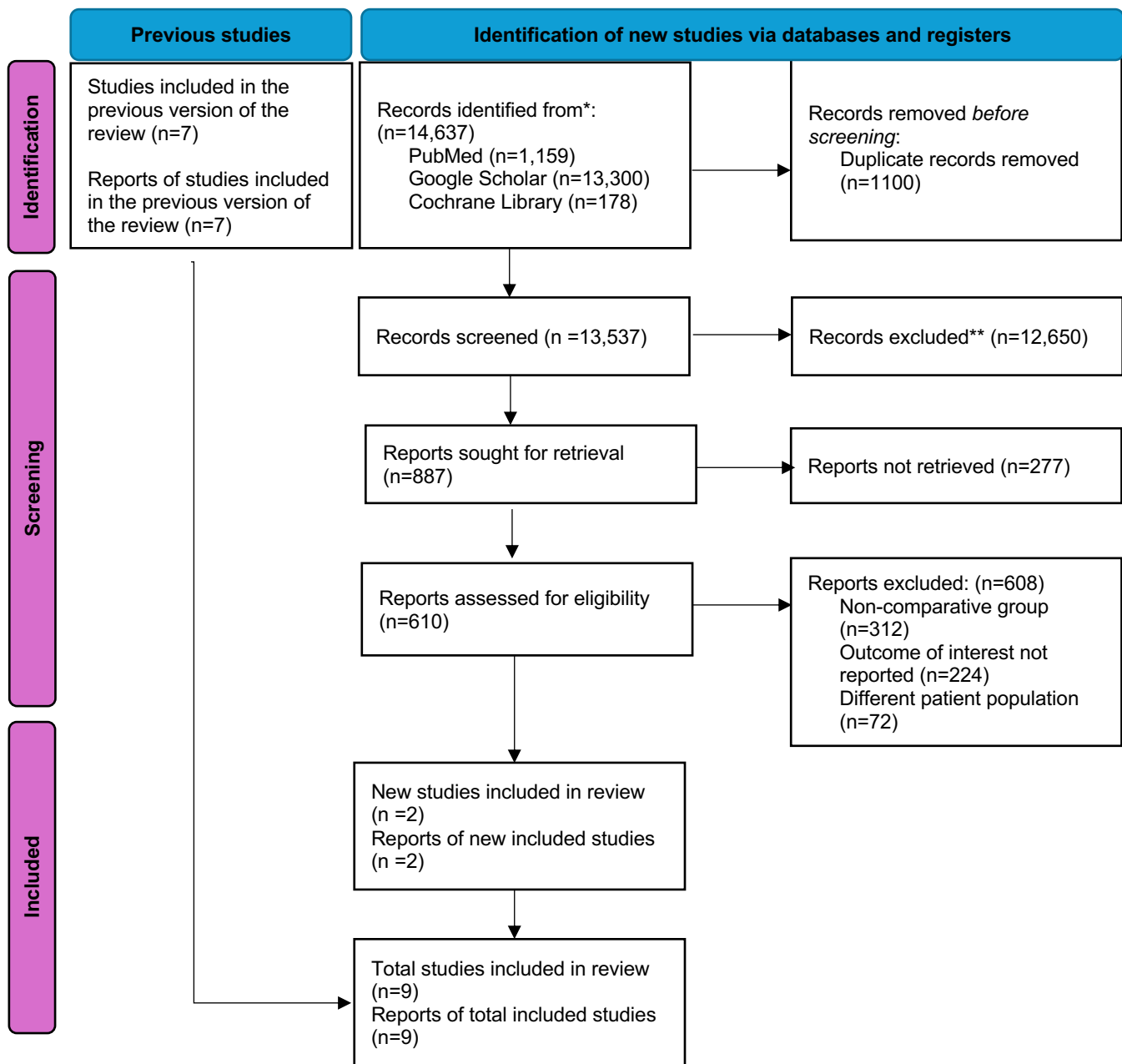


Figure S2. PRISMA flowchart

Table S1. Search strategy used in each database

Search string	Database	Number of papers retrieved
(Impella OR percutaneous ventricular assist device OR Intra-aortic balloon pump OR IABP) AND (Acute Myocardial Infarction OR AMI OR acute MI OR AMICS OR STEMI OR NSTEMI) AND (Cardiogenic Shock OR Cardiac Shock)	PubMed	1,159
(Impella OR percutaneous ventricular assist device OR Intra-aortic balloon pump OR IABP) AND (Acute Myocardial Infarction OR AMI OR acute MI OR AMICS OR STEMI OR NSTEMI) AND (Cardiogenic Shock OR Cardiac Shock)	Cochrane Library	178
(Impella OR Intra-aortic balloon pump OR IABP) AND (Acute Myocardial Infarction OR AMI OR acute MI OR AMICS) AND (Cardiogenic Shock OR Cardiac Shock)	Google Scholar	13,300

Table S2. Newcastle-Ottawa quality assessment scale for cohort studies.

	Study Name					
	Alushi et al. 2019	Manzo-Silberman et al. 2013	Padberg et al. 2024	Pieri et al. 2018	Schrage et al. 2019	Kim et al. 2022
Selection (4)						
Representativeness of the exposed cohort	*	*	*	*	*	*
Selection of the non-exposed cohort	*	*	*	*	*	*
Ascertainment of exposure	*	*	*	*	*	*
Demonstration that outcome of interest was not present at start of the study	*	*	*	*	*	*
Comparability (2)						

Comparability of cohorts based on the design or analysis	**	**	*	**	**	**
Outcome (3)						
Assessment of outcome	*	*	*	*	*	*
Was follow-up long enough for outcomes to occur	*	*	*	*	*	
Adequacy of follow-up of cohorts	*	*	*	*	*	
Total (9)	9	9	8	9	9	7

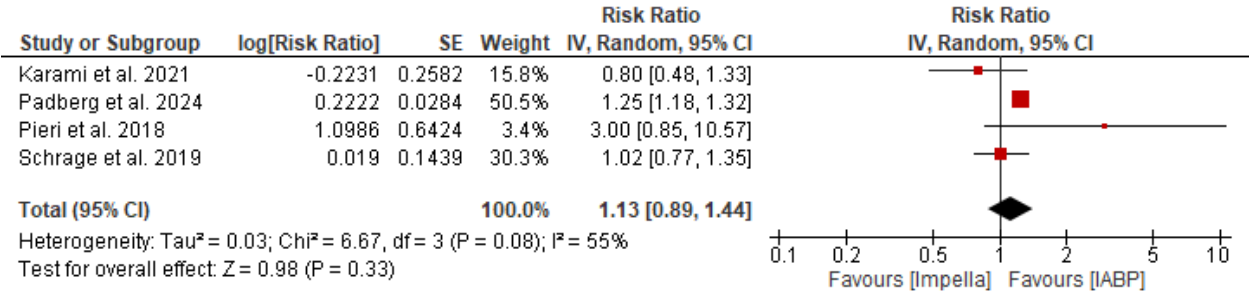


Figure S3. Forest plot for long-term mortality

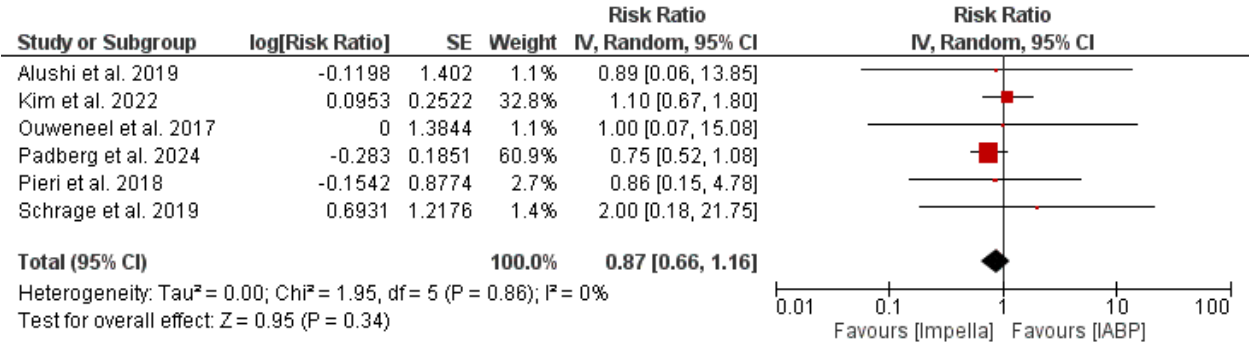


Figure S4. Forest plot for stroke

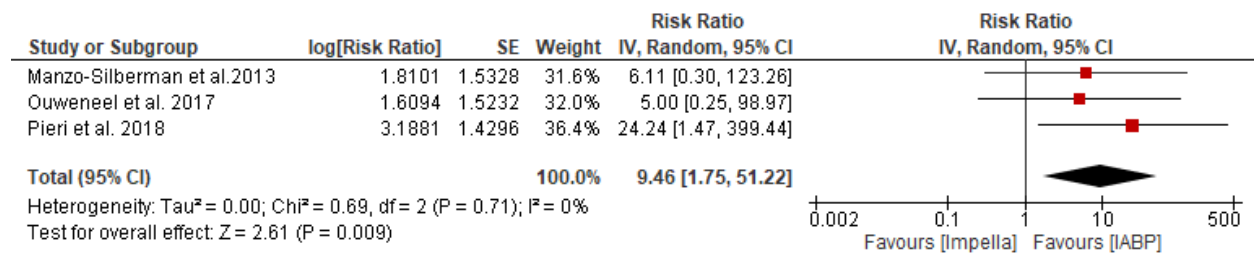


Figure S5. Forest plot for hemolysis

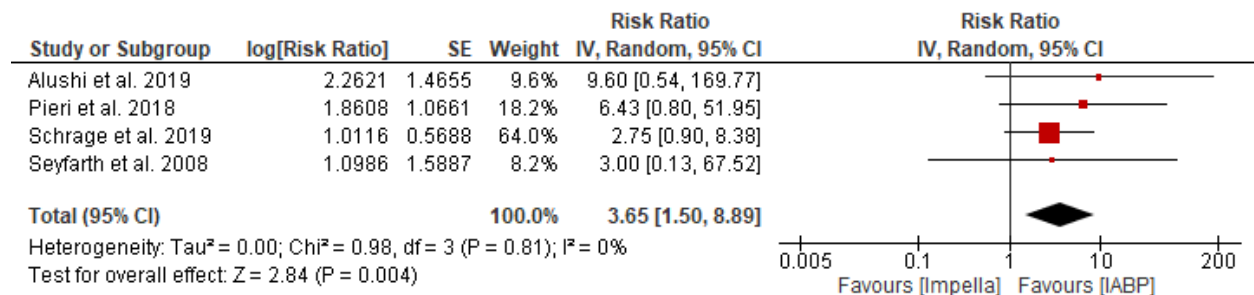


Figure S6. Forest plot for limb ischemia

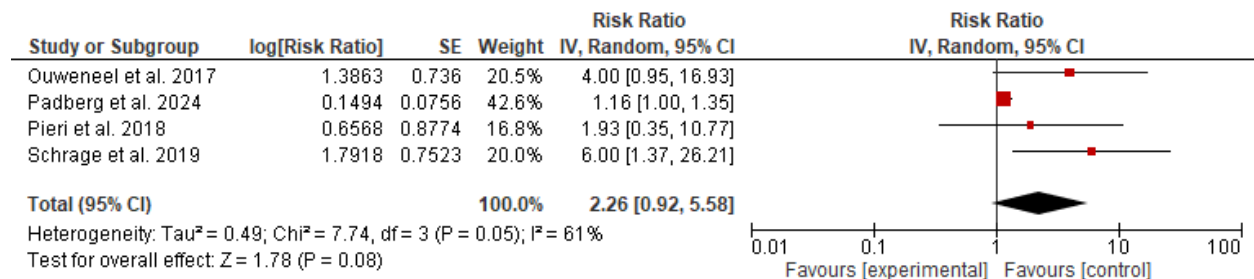


Figure S7. Forest plot for major bleeding

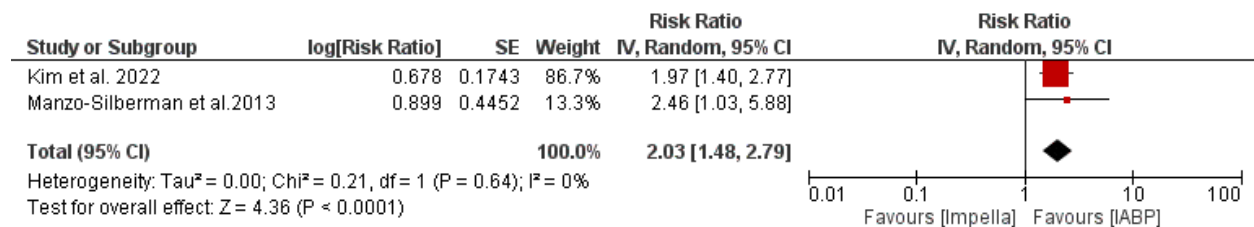


Figure S8. Forest plot for transfusion

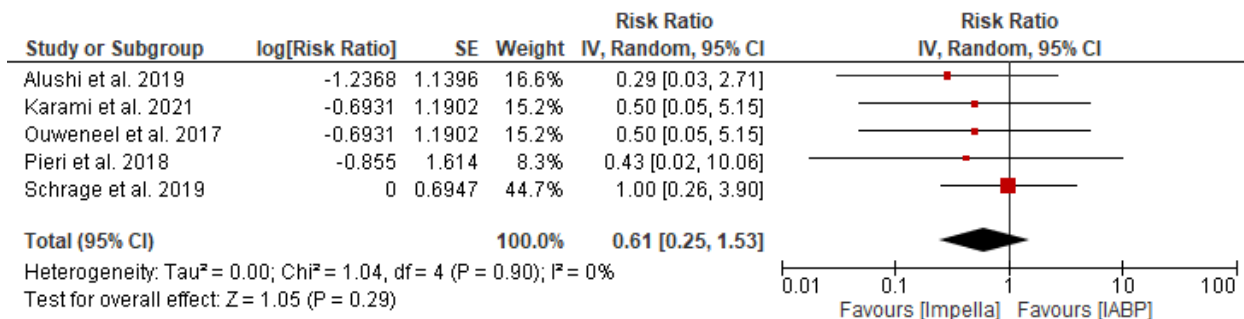


Figure S9. Forest plot for myocardial infarction

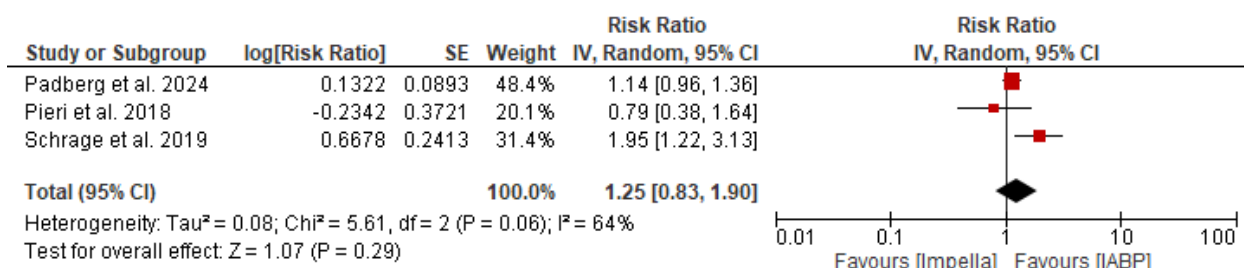


Figure S10. Forest plot for sepsis

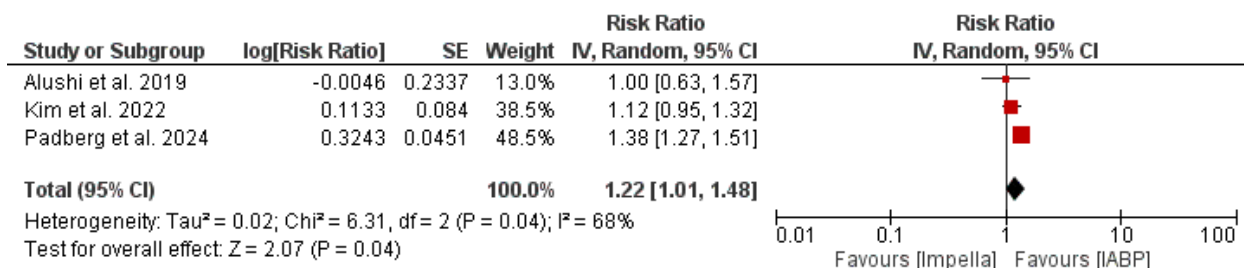


Figure S11. Forest plot for acute kidney injury

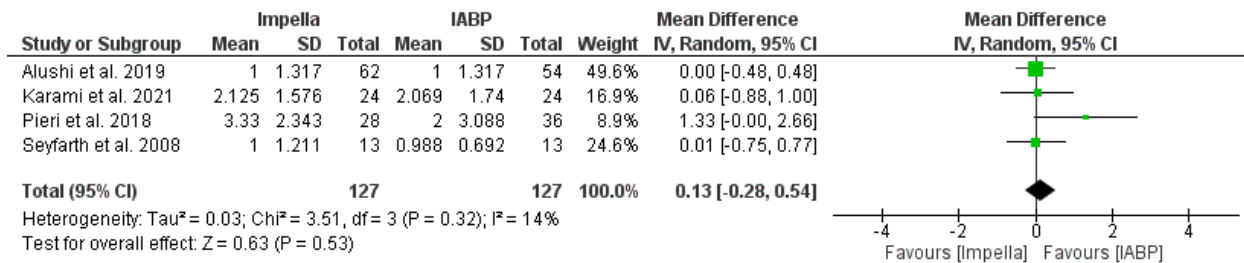


Figure S12. Forest plot for the inotropic length of support

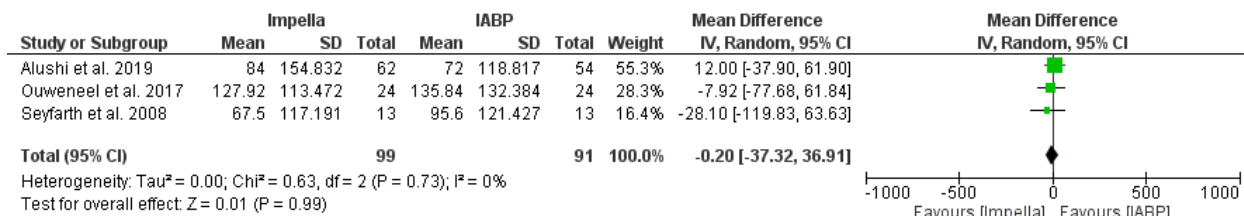


Figure S13. Forest plot for the mechanical ventilation

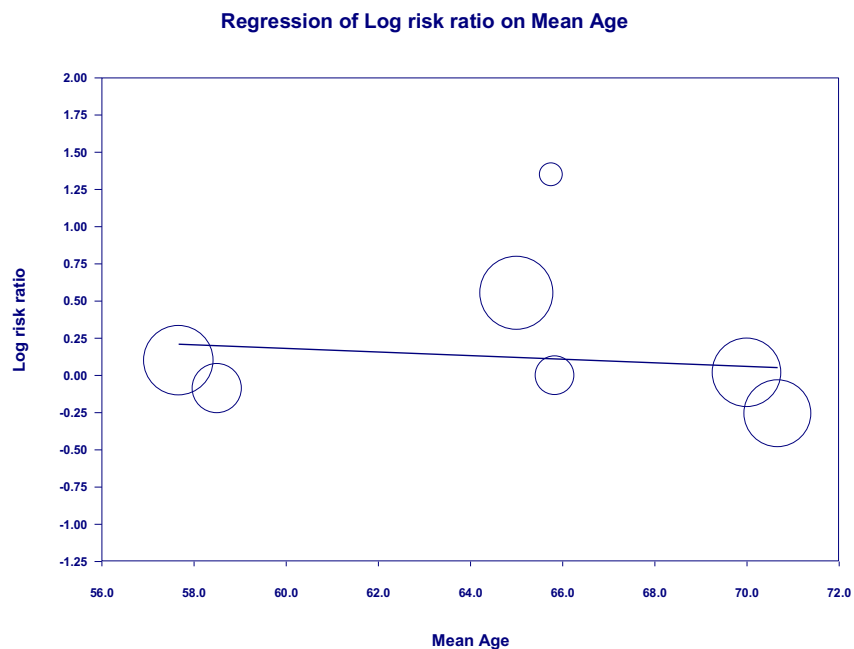


Figure S14. Scatter plot for mean age

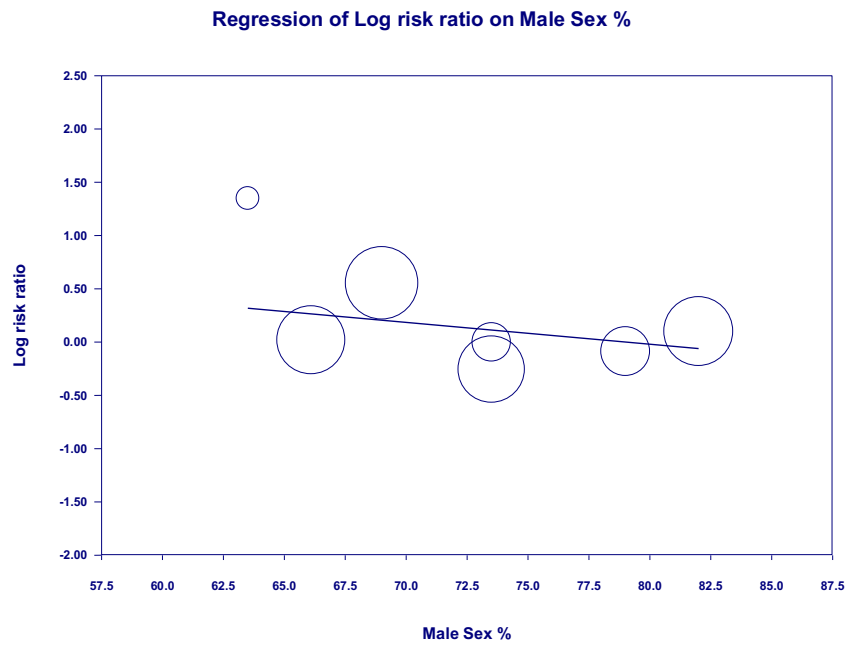


Figure S15. Scatter plot for male sex %

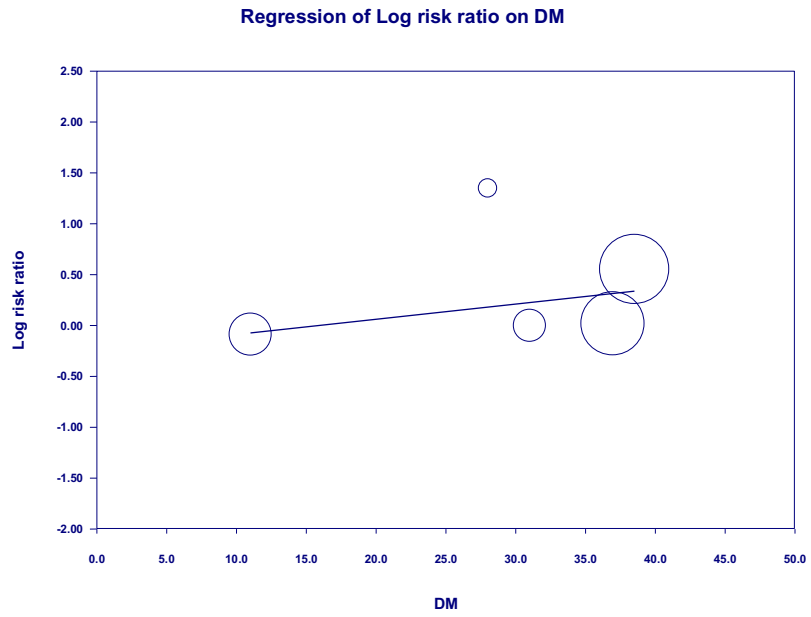


Figure S16. Scatter plot for diabetes mellitus

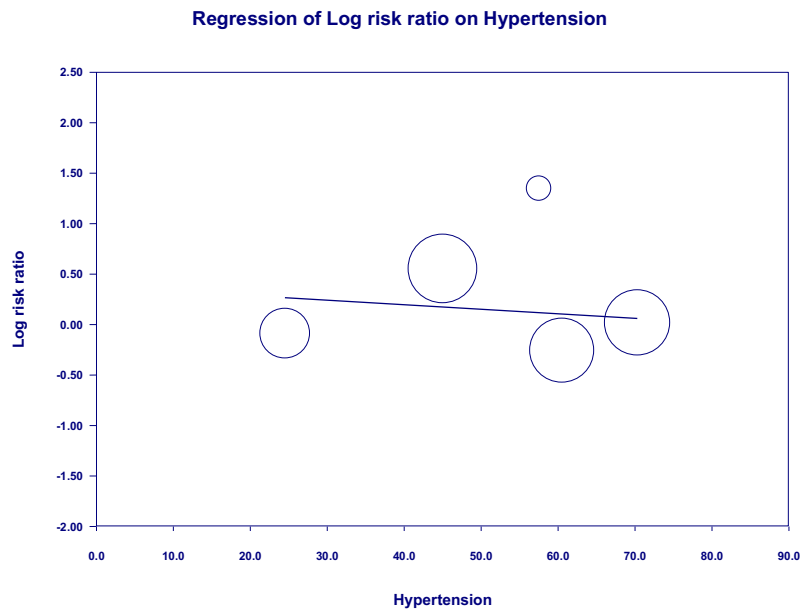


Figure S17. Scatter plot for hypertension

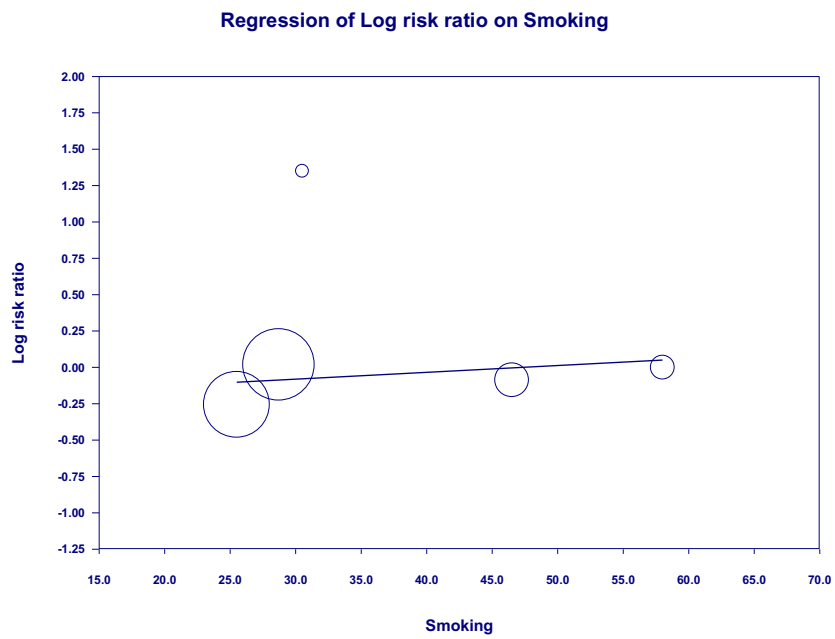


Figure S18. Scatter plot for smoking

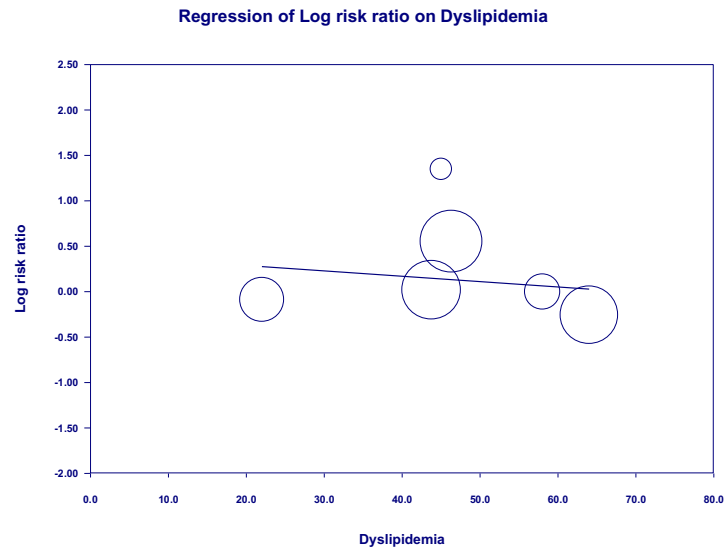


Figure S19. Scatter plot for dyslipidemia

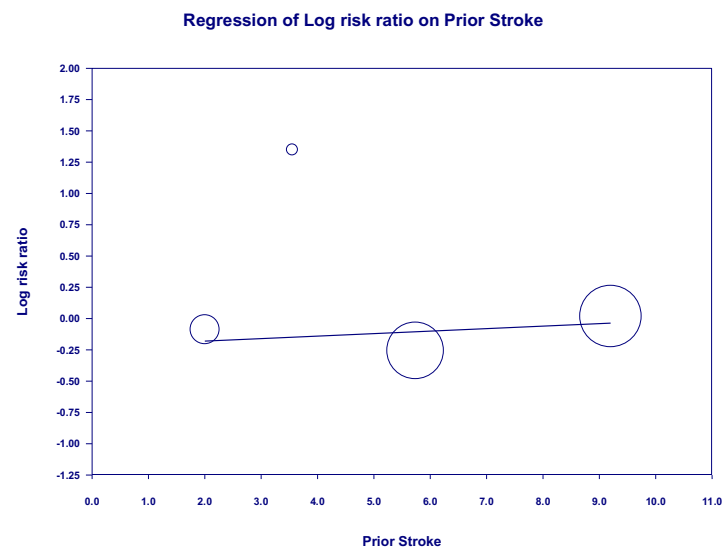


Figure S20. Scatter plot for prior stroke

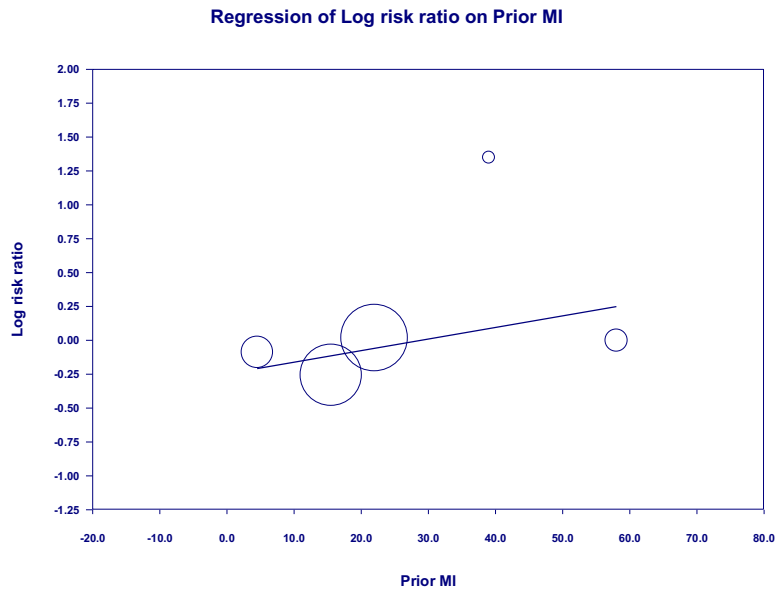


Figure S21. Scatter plot for prior MI

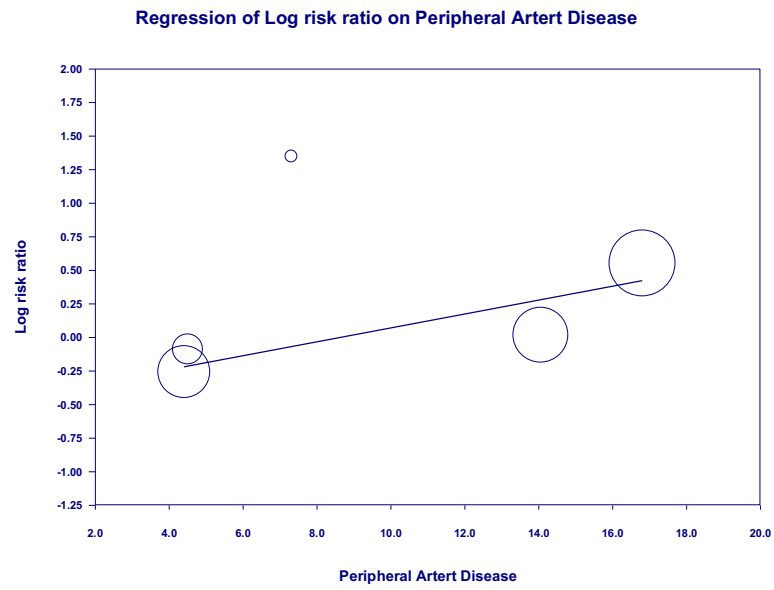


Figure S22. Scatter plot for PAD

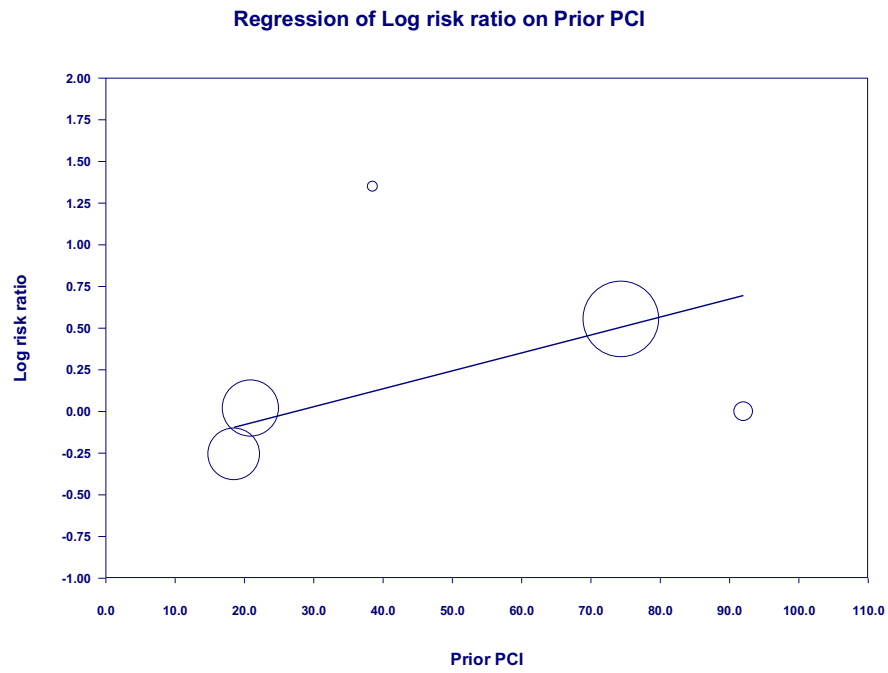


Figure S23. Scatter plot for prior PCI

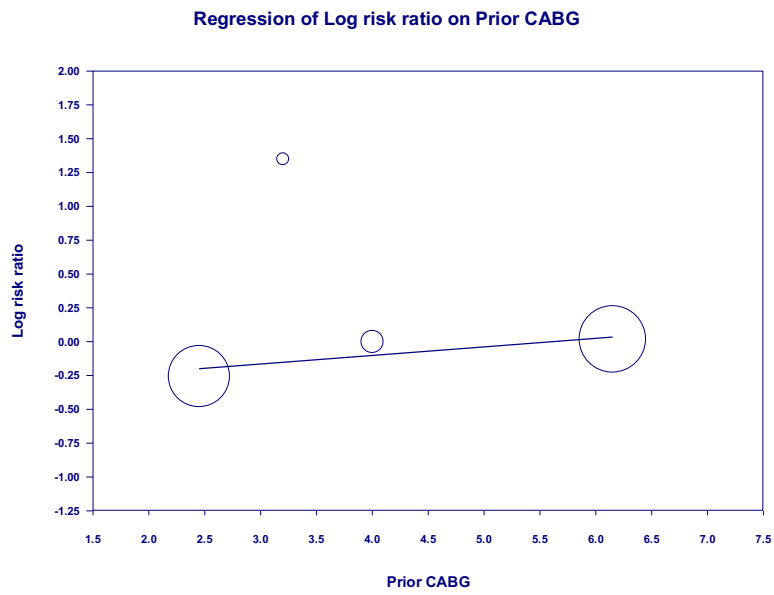


Figure S24. Scatter plot for prior CABG

Regression of Log risk ratio on LVEF

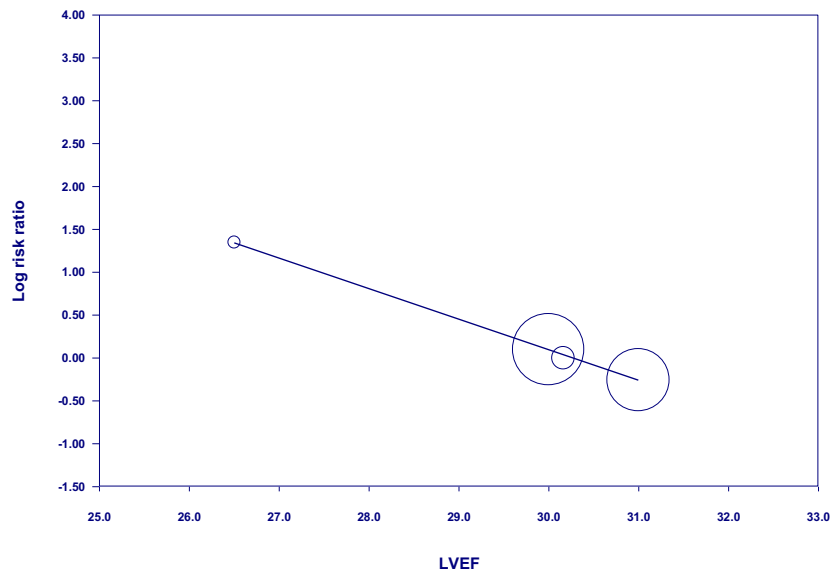


Figure S25. Scatter plot for LVEF