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Mortality outcomes varis types of various stem cell therapies in patients with dialated cardiomyopathy.

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Case Study: Dilated ischemic and non-ischemic has been associated with very high mortality despite maximal medical and device therapy. several clinical trials involving different types of stem cells for the management of dilated cardiomyopathy have shown significant improvement in cardiac function, however, these studies were not powered to calculate mortality benefit. A previous meta analysis included 7 randomized controlled trials.
Methods:- Conducted a search of Medline and Cochrane comparing various types of stem cell therapies with standard of therapy for patients with dilated cardiomyopathy ischemic and non-ischemic Study selection, standard therapy for patient with dilated cardiomyopathy (ischemic and non-ischemic) followed over a period of 7 or more months were included in our meta-analysis. Total of 220 studies were identified. Studies which were duplicate, non-randomized, included pediatric population, systematic reviews or meta-analysis, study designs or protocols, trials including gene therapy or had follow up of patients for less than 12 months were excluded.Data extraction and Synthesis: Data were by two independent reviewers. Using Mantel-Haenszal method, a random effect model was used to calculate weighted Risk ratio (RR). RevMan 5.3 was used for statistical analyses.
Conclusion: Associated with significant mortality reduction in patients with dilated cardiomyopathy (ischemic and non-ischemic). Our meta-analysis underscores the importance of conducting large randomized clinical trial to assess the mortality outcomes of stem cell therapy

Results:- Randomized clinical trials and controlled trial met inclusion criteria of our analysis. Using Mantel-Haenszel method,. Stem cell therapy group showed significant.therapy group (risk ratio [RR], 0.68; 95% confidence interval, 0.53–0.87) Fig 1. Tests for statistical heterogeneity did not show any significant heterogeneity p-value = 0.80 (I2 = 0%). Limitations of our study include selection, attrition and performance biases in the included studies. Fig 2 shows distribution of the included studies