car. Third, a notable difference between the 2 cases is the generation of the implanted LVAD (Table 1). The HeartMate 3 (Abbott, Abbott Park, IL, USA) is a third generation LVAD and compared to the HeartMate 2, it uses a non-contact design through magnetic levitation to reduce friction, shear stress, and pump thrombus formation.[3,4]

To put the puzzle together, we propose the following: Presently there are a small number of reported cases with LVAD and ICD that have presented with failed device therapy. Therefore, we cannot causally relate the failed therapy to the LVAD. Further investigation with a larger cohort is needed to investigate this topic.

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Authors reply

Dear Editor,

We would like to thank the authors for their valuable comments on our case presentation.[1] It is clear that some important considerations regarding defibrillation failure in these patients cannot be ignored. Electromagnetic interference, a possible but extremely rare condition, could be tested for using a Faraday cage during defibrillation testing.[2] As stated by the authors, much more knowledge is needed regarding the management of such patients and whether interventional options, such as ablation and defibrillator revision (in case of failed software programming), or clinical follow-up without an intervention is the key tool. Finally, such complicated patients are not permitted to do some things, such as driving, that would put themselves and others at risk.

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