objective was to determine if delayed cyclosporine treatment was still effective in protecting asphyxiated piglets. We hypothesize that both early and delayed treatment with cyclosporine A would improve cardiac recovery during resuscitation of asphyxiated newborn piglets.

**Methods** Thirty piglets (1–4 days old) were instrumented for continuous monitoring. After stabilization, normocapnic alveolar hypoxia (10–15% oxygen) was instituted for 2h followed by reoxygenation for 6h. Piglets were block-randomized to receive either early (5 min of reoxygenation) or delayed (120 min reoxygenation) intravenous bolus of cyclosporine (10-mg/kg) or saline (control) at identical times during reoxygenation (n=8/group). Myocardial and intestinal lactate concentrations as well as histological examinations were determined.

**Results** Hypoxic piglets had cardiogenic shock (cardiac output $52\pm1\%$ of baseline), hypotension and acidosis. Although both early and delayed cyclosporine treatment improved cardiac output ($P<0.05$ vs. controls), only early cyclosporine treatment improved stroke volume and systemic oxygen delivery ($P<0.05$ vs. controls). Left ventricle and intestinal lactate were higher in controls than in both cyclosporine-treated groups. Early, but not delayed, cyclosporine treatment also attenuated intestinal injury compared to controls ($P<0.05$).

**Conclusion** This study demonstrates that both early and delayed cyclosporine treatment during resuscitation improves cardiac recovery in asphyxiated newborn piglets. However, early treatment with cyclosporine may offer superior cardioprotection and attenuates H-R intestinal injury.