

Table 3 2006	TREATMENT				TRALI INVESTIGATION RESULTS				
TRALI Case number	Treatment	ITU admission	Ventilation	Outcome	Donors	Patient	White Cell cross match	Reason given by reporter for suspecting TRALI	Likelihood of Case being TRALI
1	Steroid, oxygen, diuretics, iv fluids, Intubation CPR	Yes	Yes 1 day	Death- likely to be related to TRALI (imputability 2)	2 female cryo donors had HLA antibodies: 1HLA Class I and II anti DR4 and DR53 2 HLA Class I and II antibodies anti B42. No granulocyte specific antibodies	HLA B42,DR4 and DR53 positive. Negative for HLA antibodies	ND	Close proximity to transfusion	Highly likely
3	Steroid, oxygen, diuretics, re- Intubation	Yes	Yes 3 days	Full recovery	3 female donors all HLA Class I and II and granulocyte antibody negative. 2 untransfused males	HLA and granulocyte antibody negative	ND	'only suspected because of the patient age'	Possible but no serological support
4	Oxygen CPAP then reintubated	Yes	Yes ? duration	Full recovery	All FFP and 1 RBC donor untransfused males, 3 female donors all negative for HLA Class I and II and granulocyte antibodies	HLA and granulocyte antibody negative	ND	Sudden onset occurring around time of transfusion with no other apparent cause	Possible but no serological support
5	oxygen, diuretics, iv fluids	Yes	Yes 2 days	Full recovery	Red cell donor antiHNA-1a	Patient HNA- 1a positive. Patient anti HLA class I and II corresponding with HLA type of 3 donors	ND	Results of investigations	Highly likely
6	Oxygen, diuretics, iv fluids	No	No	Full recovery	Not investigated	Not investigated	Not investigate d	Persistence of pulmonary oedema despite iv frusemide	Possible

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7	Oxygen, diuretics, iv fluids	Yes	Yes 2 days	Full recovery	Negative for HLA and granulocyte antibodies	Antibody negative	ND	Anaesthetists did not think reaction was fluid overload (but large positive balance)	Unlikely
8	Steroids, oxygen, iv fluids	Yes	Yes 4 days	Died-unrelated to transfusion	1 female red cell donor had granulocyte antibodies without an identified specificity	Negative for HLA and granulocyte antibodies	ND	Acute onset of symptoms immediately after FFP	Possible
9	Oxygen, diuretics, iv fluids	Already on ITU	Yes 30 hours	Full recovery	Not investigated	Not investigated	ND	CVP normal	Unlikely
2	Oxygen	No	No	Long term morbidity (MI attributed to TRALI) recovered fully from respiratory symptoms by following morning.	1 female donor HLA DR4 antibody corresponded with patient type	HLA DR4 positive Anti HLA Class I antibodies did not correspond with donor 1, donor 2 not typed	ND	Rapid onset of symptoms no evidence of overload	Probable
10	Oxygen, diuretics, iv fluids	Already on ITU	Added after reaction, 2 days	Full recovery	Antibody negative	Antibody negative	ND	Symptoms followed FFP closely	Unlikely

Probability indexed

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2	Oxygen	No	No	Long term morbidity (MI attributed to TRALI) recovered fully from respiratory symptoms by following morning.	1 female donor HLA DR4 antibody corresponded with patient type	HLA DR4 positive Anti HLA Class I antibodies did not correspond with donor 1, donor 2 not typed	ND	Rapid onset of symptoms no evidence of overload	2 Probable
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6	Oxygen, diuretics, iv fluids	No	No	Full recovery	Not investigated	Not investigated	Not investigated	Persistence of pulmonary oedema despite iv frusemide	3 Possible
8	Steroids, oxygen, iv fluids	Yes	Yes 4 days	Died-unrelated to transfusion	1 female red cell donor had granulocyte antibodies without an identified specificity	Negative for HLA and granulocyte antibodies	ND	Acute onset of symptoms immediately after FFP	3 Possible
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