

**Table 2 2009**  
**Clinical and radiological features of cases reported as TRALI**

TRALI Case Number	TRALI Probablility	Other risk factors	Symptoms / Signs					
			Fever or rigors	Reduced blood pressure	Dyspnoea or tachypnoea	Signs of heart failure	Reduced pO <sub>2</sub>	Chest X-Ray
01	Probable	None	Yes	Yes	Yes	Yes (pitting oedema, severe IHD)	Yes	Pulmonary oedema and neutrophil exudation from pulmonary capillaries at post mortem
02	Highly likely	None known	No	Yes	Yes	No	Yes	Bilateral "whiteout"
03	Possible	Sepsis (UTI), Cirrhosis, massive GI bleed,	No	Yes	Yes	No	Yes	Loss of right heart border. Bilateral consolidation.
04	Unlikely	Sepsis	No	No	Yes	No	Yes	? pleural effusion and bilateral interstitial infiltrates.
05	Unlikely	Liver disease, hypo albuminaemia and renal impairment clinical signs of heart failure.	No	No	Yes	Yes (raised JVP)	Yes	Bilateral diffuse infiltrates
06	Unlikely	10 units FFP and platelets given in 8 hours	No	Yes	Yes	No	Yes	Bilateral batwing pattern, localised shadowing base of right upper lobe.
07	Highly likely	None reported	No	Yes	Yes	Yes (LVEF mildly impaired)	Yes	Diffuse infiltrates
08	Probable	Past history cardiac failure,	Yes	No	Yes	Yes (raised CVP)	Yes	Bilateral interstitial and alveolar air space shadowing ? pneumonitis with pulmonary oedema
09	Unlikely	Sepsis, pulmonary haemorrhage, cardiac failure. History of severe ischaemic heart disease and COPD, 7 MIs	NK	Yes	Yes	NK	Yes	Some streaky shadowing which could represent congestion or multi focal infection. It is more confluent in the left mid zone. No convincing interval change compared with previous CXR one month before
10	Probable	Intra-abdominal sepsis	No	No	Yes	No	Yes	Bilateral infiltrates.
11	Unlikely	Hypoalbuminaemia, neurological disorder, sepsis.	NK	NK	Yes	NK	Yes	Bilateral pulmonary infiltrates.

12	Probable	Fluid overload.	No	No	Yes	NK	Yes	Some fluid overload – no volume loss ?consolidation.
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13	Unlikely	Sepsis, septicaemia cytotoxic therapy.	No	Yes	Yes	No	Yes	New bilateral widespread consolidation likely infected.
14	Unlikely	None	No	No	Yes	No	Yes	Infiltrates in right middle and lower lobe, bilateral changes seen on chest CT.
15	Unlikely	Cirrhosis, Hypoalbuminaemia (albumin 26) C section Ergometrine. Unstable diabetes	No	No	Yes	No	Yes	Fluid in tissue, some fluffy appearance, no consolidation.
16	Unlikely	Cytotoxic therapy and evidence of myocardial damage.	Yes	No	Yes	No	Yes	Increased opacification in a perihilar distribution and thickening of the horizontal fissure.
17	Probable	Cardiac surgery Positive fluid balance.	No	Yes	Yes	No	Yes	Bilateral fluffy shadowing.
18	Probable	Haemorrhagic shock, multiple trauma, pulmonary contusions, massive transfusion, neurological disorder, hypoalbuminaemia	No	No	Yes	No	Yes	Bilateral shadowing. Chest CT extensive surgical emphysema. Bilateral pulmonary contusions Pleural infusions and fractured ribs.
19	Probable	Cytotoxic treatment.	No	No	Yes	Yes (raised JVP and hypertensi on)	Yes	Pulmonary oedema. Not typical of LVF.
20	Possible	Pregnancy, massive haemorrhage, massive transfusion haemorrhage shock, including positive fluid balance (12L)	No	No	Yes	No	Yes	Extensive perihilar airspace disease in a batwing distribution in a suggestion of fluid overload.
21	Possible	Sepsis, Chest radiotherapy, cytotoxic therapy.	No	No	Yes	NK	Yes	Bilateral airspace shadowy and left pleural effusion.