

**Table 3 2009**  
**Treatment and Investigations**

TRALI case number	Treatment	ITU admission	Ventilation (number of days)	Outcome (imputibility)	Donors	Patient	White Cell cross match	Reason given by reporter for suspecting TRALI	Likelihood of case being TRALI
01	Oxygen diuretics Salbutamol	No	No	Died probably related	1 female donor multiple HLA class I and II antibodies including <b>HLA-B60,-DR13,-DR52,-DQ6</b>	<b>HLA-B60,-DR13,-DR52,-DQ6 positive</b>	ND	PM results and lab results supported, no alternative cause of ARDS, circulatory overload less likely as volume given slowly.	Probable
02	Steroid, oxygen, iv fluids	Yes	Yes (2)	Full recovery	1 female donor had multiple HLA class I antibodies including <b>antibodies to HLA-B8</b>	<b>HLA-B8 positive</b>	ND	Hypovolaemia during reaction.	Highly likely
03	Oxygen, antibiotics,	NK	No	Died (Possibly related)	Female donors tested HLA class II antibodies detected in 1 donor including HLA DR51 and DQ6. (Note) Rasp deterioration began before this unit transfused.	Positive for HLA DR51 and DQ6	ND	Not initially thought to be TRALI, diagnosis from post mortem.	Possible
04	Oxygen, diuretics.	Yes	No	Full recovery	3 male donors all negative HLA and Granulocyte antibodies	Not tested	ND	Patient developed post op sepsis but cannot rule out TRALI as possible cause.	Unlikely
05	Steroids, oxygen , diuretics, iv fluids	Yes	Yes (2)	Full recovery	4 male donors excluded from investigation. 1 female red cell tested negative for HLA and Granulocyte antibodies	Not tested	ND	Quick recovery no cardiac history. Normalish albumin, no sepsis or underlying factors for ALI	Unlikely

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06	Steroid, oxygen, diuretics, iv isoket	Yes	Yes (3)	Full recovery	5 FFP and 1 platelet donors all male, all negative for HLA and Granulocyte antibodies.	Not tested	ND	Not reported	Unlikely
07	Steroids, oxygen, diuretics. Aminophylline Noradrenalin, adrenaline	Already on ITU	Yes (more than 6 days)	Full recovery	1 Female FFP donor multiple HLA class I and II antibodies including <b>HLA-A2,-DR13,-DR52 and -DQ6.</b>	Positive <b>HLA-A2,-DR13,-DR52 and -DQ6.</b>	ND	No underlying risk factors for acute lung injury	Highly likely
08	<b>Steroids, oxygen, diuretics</b>	<b>No</b>	<b>No</b>	<b>Full recovery</b>	1 Female platelet buffy coat donor had HLA class I and II antibodies including <b>HLA-B45</b>	Positive <b>HLA-B45</b>	ND	Sudden deterioration after platelets were given and acute CXR changes	Probable
09	IV fluids, oxygen, Inotropes	Yes already on ITU	Yes (5)	Full recovery	All male, not investigated following advice from TRALI expert panel	Not tested	ND	Not reported	Unlikely
10	Oxygen,	Yes	No	Full recovery	1 RBC donor had multiple HLA class I antibodies including <b>HLA B35</b>	Positive <b>HLA B35</b>	ND	ALI/ARDS secondary to intra abdominal sepsis likely. TRALI a possibility but more remote	Probable
11	Oxygen	Yes already on ITU	Yes (22)	Full recovery	Both male donors tested and negative for HLA and Granulocyte antibodies.	Not tested	ND	Fluid resuscitation hit with no adverse effects. Risk for ALI-sepsis	Unlikely
12	Oxygen, diuretics.	Yes	No	Full recovery	1 female RBC donor had HLA class I and II antibodies HLA class II 97% PRA HLA -DR7 and DR53 identified as	Positive – DR7 and DR53	ND	Medical staff unsure.	Probable

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13	Oxygen, diuretics, IV fluids, antibiotics	Yes	Yes (7)	Full recovery	All investigated all HLA and Granulocyte antibody negative.	Not tested	ND	Sudden onset of symptoms in close proximity to transfusion	Unlikely
14	Oxygen, steroids, diuretics, IV fluids, Salbutamol	Yes	No	Full recovery	All tested and negative for HLA and Granulocyte antibodies.	Not tested	ND	Acute reaction in otherwise fit patient with full resolution	Unlikely
15	Oxygen (CPAP), diuretics, IV fluids, GTN spray	Yes	No	Full recovery	Male donor tested and negative for HLA and Granulocyte antibodies.	Not tested	ND	Pulmonary oedema Initially suspected caused by ergometrine and hypoalbuminaemia but not improved with CPAP and GTN.	Unlikely
16	Oxygen, IV fluids	Yes	Yes (1)	Full recovery	Both donors negative for HLA and Granulocyte antibodies.	Patient had HLA-B37	ND	No evidence of overload no previous episodes in relation to transfusion. ARDS not expected.	Unlikely
17	Oxygen, diuretics.	Yes already on ITU	Yes (2)	Full recovery	1 female donor (platelet buffy coat only) multiple HLA class I antibodies including <b>HLA A26 and B60</b>	<b>Positive for HLA A26 and B60</b>	ND	Underlying risk factors (ALI) massive transfusion – trauma	Probable
18	Oxygen, IV fluids.	Yes already on ITU	Yes	Full recovery	3 female RBC donors and 2 female cryo donors had multiple HLA class I antibodies All included <b>B44 antibodies and 1 RBC also matched with Cw7. Another female cryo donor had HNA-3a</b>	<b>Positive for HLA-B44 and Cw7.</b> Patient not typed for HNA-3a	ND	Marked changes on x-ray, associated with transfusion. Later that day CT suggested extensive bilateral lung contusions and pulmonary emphysema.	Probable

19	Oxygen, diuretics	Yes	No	Full recovery	antibodies 1 female platelet buffy coat only donor had <b>HLA DR53 antibodies</b>	<b>HLA-DR53</b> Positive	ND	Consultant at first thought TRALI or TACO	Probable
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20	Oxygen, diuretics	Yes	No	Full recovery	In progress and incomplete	<b>In progress and incomplete</b>	ND	Large blood transfusion desaturation, given diuretics and continued to desaturate later in the evening. Felt necessary as possible TRALI	Possible
21	Oxygen (CPAP), diuretics	Yes	No	Full recovery	In progress and incomplete	<b>In progress and incomplete</b>	ND	Negative fluid balance, reaction to platelet transfusion not in heart failure	Possible