

Annual SHOT Report 2017 – Supplementary Information

Chapter 18a: Transfusion-Related Acute Lung Injury (TRALI)

Additional Tables – not included in the main 2017 report

Table 1: Patient characteristics and component details

Case number	Sex/age	Diagnosis	Reason transfused	Transfused components				Implicated component (concordant antibody)	Interval between transfusion and symptoms
				RBC	Plt	FFP	Cryo/other		
1	F/13	Liver transplant	R2 Hb ?70g/L stable patient					RBC	2- 6 hours
2	F/6	ALL	P1 Plt <10 x 10 ⁹ /L reversible bone marrow failure		1			PLT (pool)	30 min
3	F/62	Post oesophageal rupture	R2 Hb ?70g/L stable patient	2				RBC	2- 6 hours

Table 2: Clinical characteristics and radiological features of cases reported as TRALI

TRALI case number	TRALI probability	Other risk factors	Symptoms/signs					Chest X ray
			Fever or rigors	Reduced blood pressure	Dyspnoea or tachypnoea	Signs of fluid overload	Reduced pO2	
1	Probable	Renal impairment, +ve fluid balance	N	Y	Y	N	Y	Extensive patchy air space opacification of both hemithoraces most prominent in the lower zones
2	Antibody-negative	None	N	Y	Y	N	Y	Multiple infiltration. likely ARDS with bilat shadowing and bat winged distribution
3	Equivocal	Infection, pre-existing lung injury	N	N	(ventilated)	Y	Y	(CT scan) Bilateral ground glass shadowing, worse than previous CT

Table 3: Treatment, outcomes, investigation results and likelihood of case being TRALI

TRALI case number	TREATMENT				TRALI INVESTIGATION RESULTS			Reason given by reporter for suspecting TRALI	TRALI classification
	Treatment	ITU admission	Ventilation (number of days)	Outcome (imputability)	Donor antibody	Patient antibody	White Cell cross match		
1	Ventilation, diuretics	Already on ITU		Full recovery	HNA1a	No		Timing	Probable
2	Ventilation, diuretics, adrenaline	Y		Full recovery	A25,A34,A66,A68 (recipient HLA A2 is in same CREG group)	No		Timing, no other explanations	Antibody negative
3	Increased ventilation	Already on ITU		Full recovery	HLAA2	No		Timing	Equivocal