

Plasma

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Lack of efficacy: case report

In a retrospective study involving 59 patients, hospitalised between 2010–2021 and treated with total plasma exchange in the first 24h at a tertiary health institution in Turkey, one patient [*age and sex not stated*] was described, who exhibited lack of efficacy with plasma while being treated for acute toxic hepatitis (ATH).

The patient with ATH was hospitalised and received treatment with plasma in the first 24h of admission. The patient underwent total plasma exchange using a central venous catheter and a blood group compatible fresh frozen plasma was replaced at a ration of 1:1. Average volume of plasma exchange was 40–50 mL/kg at each session [*exact volume not stated*] and the patient had three sessions per week. Along with plasma, the patient also received calcium through a separate vascular access. After discharge, the patient was followed for 6 months at monthly intervals. However, the patient's ATH progressed to fulminant liver failure (FLF) and indicated a need for transplant (lack of efficacy with plasma). The transplant was not performed because of unavailability of liver grafts. Eventually, the patient died of COVID-19 infection.

Berber I, et al. Early therapeutic plasma exchange may improve treatment outcomes in severe acute toxic Hepatitis. *Transfusion and Apheresis Science* 60: No. 5, Oct 2021.

Available from: URL: <http://doi.org/10.1016/j.transci.2021.103250>

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