

The Risk of Administration Plasma

Manuela Stoicescu*

Assistant Professor, University of Oradea, Romania

Objective

The main objective of this clinical case report was to specify that the administration of plasma could develop unexpected, very dangerous side effects like an anaphylactic shock and also sudden death in a few minutes if we are not careful and we do not continuously follow the patient.

Materials and Methods

I present the clinical case of a patient 42 years old, who drinks alcohol and was hospitalized with asthenia, jaundice and white bilateral symmetrical edema of the legs (Figure 1). The objective examination revealed hepatomegaly 2 cm under the last rib with regular border, regular surface, normal consistency during the palpation, without pain at the time of palpation, participated at the respiratory movements, red palms (liver palms) (Figure 2) and spiders nevi.

The laboratory test showed increase in serum transaminases levels-

AST=78 UI, ALT=84 UI, the serum total bilirubin=2 mg/dl, the serum direct bilirubin=0.2 mg/dl, the serum indirect bilirubin=1.8 mg/dl, IgG=88 UI, IgM=18 UI, IgA=21 UI and gamma globulin levels are higher than normal. Serum albumin levels were much decreased=1.8g/dl, electrophoresis serum protein-albumin 28%, @1=4%, @2=6%, β=6%, γ=28%, increase in gamma globulin concentration constitutes "high-grade" activity and prothrombin time was prolonged=22 seconds, GGT (gamma glutamil transpeptidaza)=96 UI, (Normal range=10-50 UI), Hepatitis B antigen was negative, Atc anti HCV=negative. Urine examination-urobilinogen positive, albumin-negative, glucose negative, pus-negative and urine sediment was normal.

Abdominal echo relieved hepatomegaly with increased echogenicity, portal vein normal, at rest normal.

Diagnostic

Active chronic alcoholic hepatitis.



Figure 1: Bilateral symmetrical edema.



Figure 2: Red palms (liver palms).



Figure 3: Urticaria on the anterior chest and abdomen.

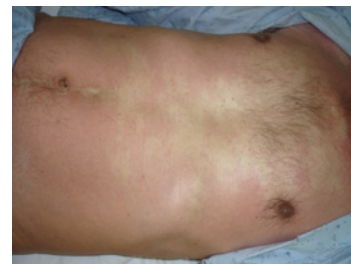


Figure 4: Urticaria on the abdominal area and anterior chest.

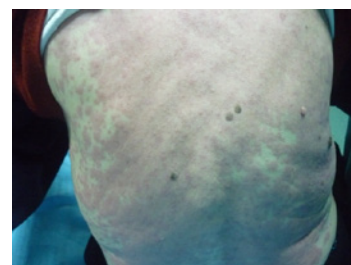


Figure 5: Urticaria on the posterior chest.

*Corresponding author: Manuela Stoicescu, Consultant Internal Medicine, University of Oradea, Faculty of Medicine and Pharmacy Medical Disciplines Department, Romania, E-mail: manuela_stoicescu@yahoo.com

Received June 22, 2013; Accepted July 18, 2013; Published July 23, 2013

Citation: Stoicescu M (2013) The Risk of Administration Plasma. J Develop Drugs 2: 106. doi:10.4172/2329-6631.1000106

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Figure 6: Urticaria on the posterior lateral chest and lumbar area.



Figure 7: Urticaria on the legs.



Figure 8: Urticaria on posterior chest, lumbar area.



Figure 9: Urticaria on the leg.

Treatment

Because the patient had such a severe hypoproteinemia plasma was administered 1 UI i.v.

Evolution

After the perfusion with plasma finished the patient developed a sudden anaphylactic shock with a red eruption all over their body, itching-urticaria-shown in the images below (Figures 3-14) with severe dyspnea, wheezing and low blood pressure 80/60 mmHg. I want to mention that this patient has not had a past allergic reaction after the administration of medication or anything else and no allergic antecedents in his past history or family history. This was the first episodes.

The urticaria eruption was all over the body and also decreased the value of blood pressure 80/60 mmHg. The patient also developed difficulty in breathing-severe dyspnea, wheezing. Auscultation of the lung-vesicular sound with prolonged expiration and wheezy in all of the pulmonary area like in a crisis of asthma-bronchobstructive syndrome. The eruption of the skin becomes a combination of redness and bluish-purple color. Adrenaline was urgently administered in dilution (0.1 ml of 1:10,000 adrenaline i.v.), 1 Miofilin ampoules, 100 mg HHC i.v. and 200 mg in saline perfusion with remitted symptomatology.

Anaphylactic shock after plasma administration is a very



Figure 10: Urticaria on the posterior chest.



Figure 11: Urticaria on the hand.



Figure 12: Urticaria on the hand.



Figure 13: Urticaria on the hand.



Figure 14: Urticaria on the hand.

dangerous complication. It is possible to develop sudden death in a few minutes or seconds.

Conclusions

1. Maybe is useful to make a test of compatibility for plasma before administration exactly like is done in the case of administration of

blood to determine the compatibility before we administer the plasma perfusion.

2. Before we perfuse with plasma, to prevent allergic reaction or anaphylactic shock it is good to administer 100-200 mg HHC i.v.

3. This is the first clinical case in my medical practice in which this dangerous allergic reaction appeared with such increased intensity - side effect after plasma administration.

4. Allergic reaction after administration of plasma or blood transfusion in our medical practice is known and usual but with this increased intensity and severity I have never seen.

5. I presented this clinical case report because I thought a test of compatibility will be very good to perform before we start therapy with plasma to prevent this very unhappy event.

6. Combination of alcohol consumption and this therapy are possible risk factors for the severity of this allergic reaction.