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Chest ultrasound for diagnosis of transfusion-related acute lung injury☆

Ecografía torácica en el diagnóstico de la lesion pulmonar aguda producida por transfusión

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A two-month infant was admitted due to suspected infection. Four hours after packed platelets transfusion, and with no prior ventilatory support, the patient suffered progressive worsening with tachypnea and labored breathing that required noninvasive ventilatory support (maximum PIP 15/PEEP 7 and FiO_2 70%). At that time, pulmonary ultrasound revealed characteristics consistent with acute respiratory distress syndrome, presenting bilateral coalescent B lines (asterisk) without aeration zones and a thickened pleura (>0.5 mm), associated to subpleural condensations (Fig. 1).

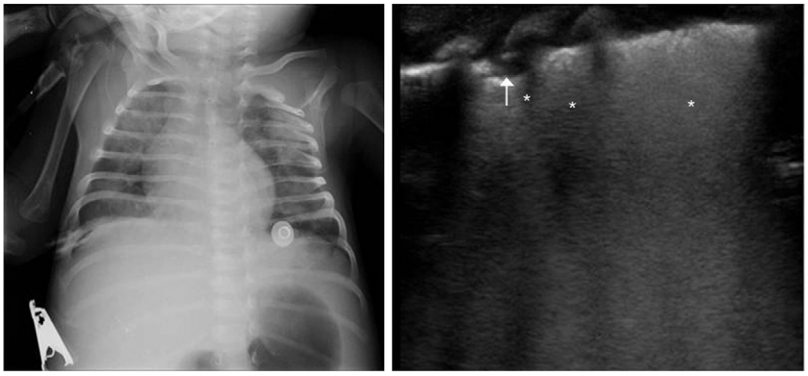

Figure 1

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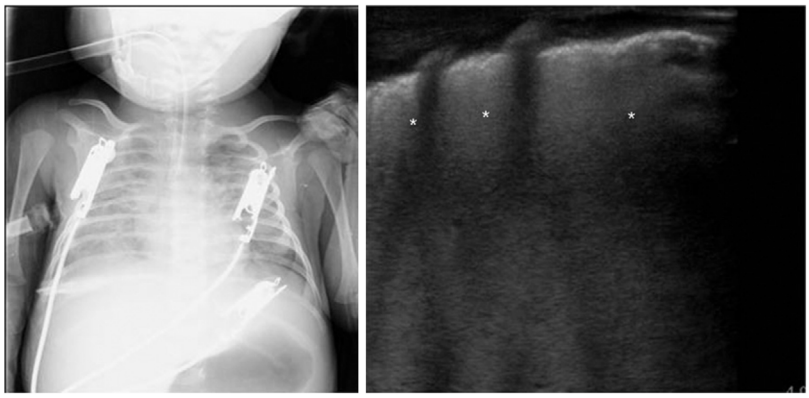

Figure 2

No lung pattern changes were evidenced with diuretics, and intubation was decided (volume control mode presenting tidal volume 6 ml/kg with PIP 35 cm H_2O, PEEP 14 cm H_2O, respiratory frequency 35 rpm, and FiO_2 100%) – the condition being interpreted as representing transfusion-related acute lung injury (Fig. 2).

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