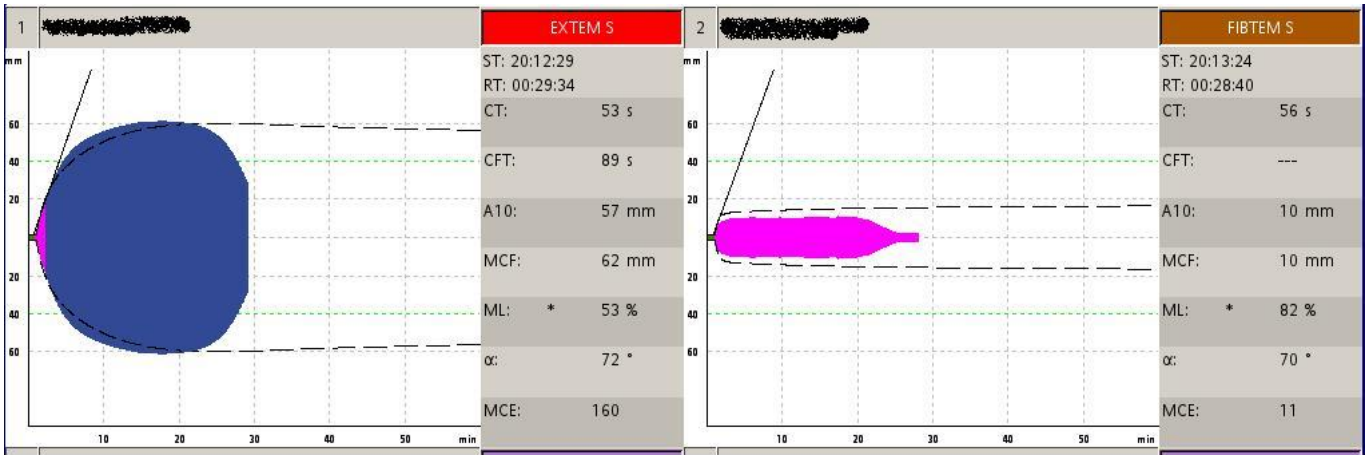
Anaphylaxis under GA – now they're oozy!

Disclaimer / Pre-amble

- These cases have been de-identified to protect the identity of the patient and the treating teams.
- These are all real cases and real ROTEMs. The individuals involved in these difficult cases have agreed to anonymously share these with us – thank you for your generosity.
- Successful management of the bleeding patient involves much more than just administration of blood products.
- The primary aim of these cases is to teach the use ROTEM guided blood product therapy. We have deliberately not included a lot of detail about some of the other aspects of management which might detract from this focus.

Case 2 (2014)

- A 31 y.o. woman at 19/40 gestation undergoes emergency cervical suture to prevent pre-term birth.
- 10 min after induction of anaesthesia she has a cardiorespiratory arrest secondary to anaphylaxis to suxamethonium
- She is resuscitated with adrenaline / CPR / and fluids.
- A ROTEM is performed as one of the many blood tests taken.



Traditional Coags
INR 1.1
APTT 29
Fib 2.9
TCT 15.5

All normal

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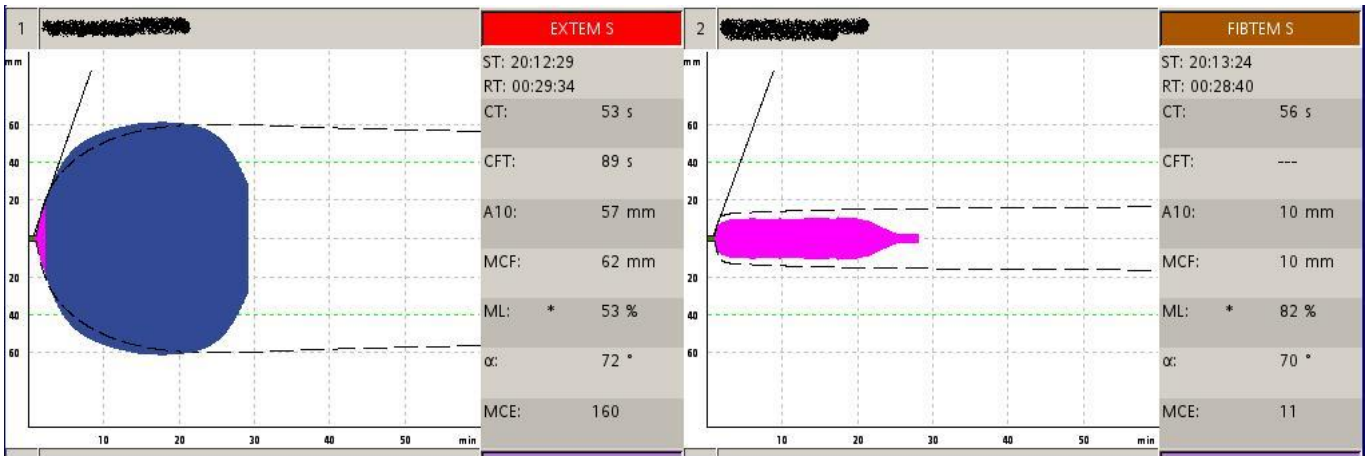

Traditional Coags

INR 1.1

APTT 29

Fib 2.9

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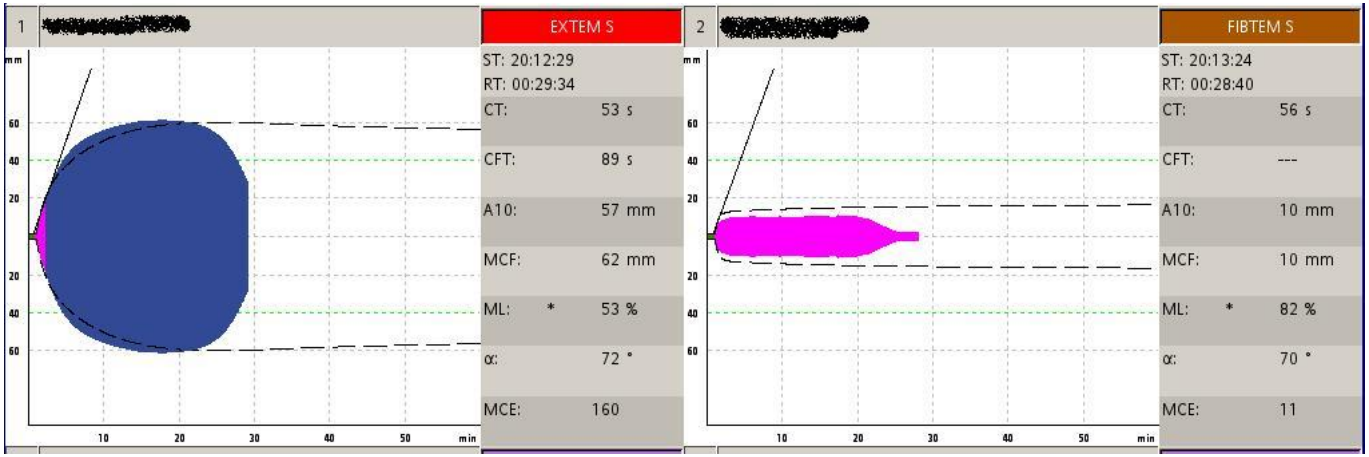
All normal

- Approx 60min after her arrest an USS shows her foetus has died and imminent miscarriage is anticipated .
- Rather than allow it to occur in ICU the decision to perform an evacuation of the uterus is made.
- Would you do anything before allowing the obstetricians to proceed?

Case 2 (2014) - Comments



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All normal

- She is at risk of bleeding so treatment with TXA 1g is sensible
- Traditional coagulation tests cannot easily demonstrate severe hyperfibrinolysis
- What is the mechanism causing the hyperfibrinolysis?
- Is it related to the immunological system?
- It has also been described in cardiovascular shock / cardiac arrest from other causes – maybe it is a consequence of widespread tissue hypoperfusion.

- Thanks to everyone who helped put these together.