

ALBUMIN DESENSITIZATION

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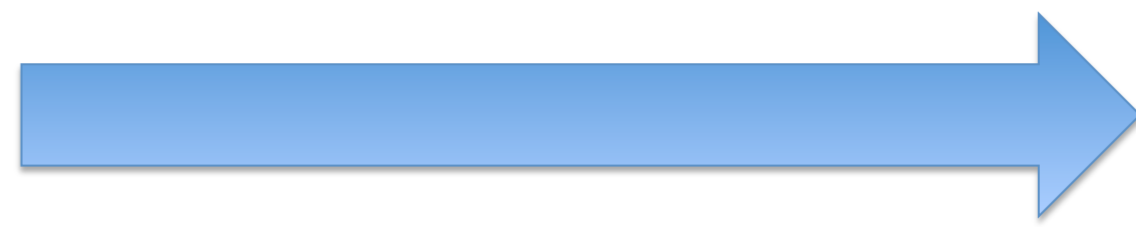
PURPOSE

PP-035

- To describe the technique of preparation and administration of albumin desensitization
- To evaluate the effectiveness and safety of a new protocol for albumin

MATERIAL AND METHODS

- Review of the clinical history 72 years old female who had suffered an allergic reaction to intravenous albumin, based on symptoms after administration as rash neck, facial flushing and chest tightness.
- albumin administration with premedication (corticosteroids and antihistamine), diuretics and plasma expanders were evaluated without getting the desired result.
- unsuccessful literatura review to albumin desensitization protocol or history of a case like → It was raised a new protocol



Underlying disease
Liver cirrosis HVC with 8 years evolution, portal hypertension, ascites, esophageal varices and splenomegaly

RESULTS

Three albumin preparations:

DILUTION	RATE(mL/h)	TIME (Min)	mL	DOSE (g)	Cumulative dose
1 (0,6 g / 250 ml) 0,0024 g / ml	2	15	0,5	0,0012	
	5	15	1,25	0,003	0,0042
	10	15	2,5	0,006	0,0102
	20	15	5	0,012	0,0222
2 (6 g / 250 ml) 0,024 g / ml	5	15	1,25	0,03	0,03
	10	15	2,5	0,06	0,09
	20	15	5	0,12	0,21
	40	15	10	0,24	0,45
3 (60 g / 250 ml) 0,240 g / ml	5	15	1,25	0,30	0,75
	10	15	2,5	0,60	1,35
	20	15	6	1,20	1,55
	30	15	7,5	1,80	3,35
	40	15	10	2,40	5,75
	50	268	223	53,52	59,27
TOTAL		403		60	

DISCUSSION

After four seasons of paracentesis, with subsequent return of 60grams of albumin infusión as desensitization, the patient has not shown any anaphylactic reaction. So the regimen was well tolerated, setting the final infusión rate of 50ml/h

CONCLUSION

The protocol and formulation have proved to be effective and safe for desensitization to albumin in the clinical case described and valid therapeutic strategy for patient with the same clinical situation.