Reviewer’s report

Title: Blood transfusion presenting with acute dyspnoea: a case report and review of literature

Version: 5 Date: 31 July 2008

Reviewer: Magali J. Fontaine

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: New associations or variations in disease processes

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The description of the case of TRALI is well written but requires some clarifications, meaning that the diagnosis of TRALI is based on the clinical symptomatology. I recommend that the authors refer to the two main references:


In these two references the criteria are defined as:
Hypoxemia PaO2/FiO2<300 or SpO2 < 90%
Bilateral infiltrates on frontal chest radiograph
No left atrial hypertension/ circulatory overload
No Acute Lung Injury before transfusion
occuring Within 6 hours of transfusion

The Laboratory investigation is based on the clinical diagnosis of TRALI and serves as an evaluation of the blood donors associated with the TRALI reaction. This evaluation then guides the Blood Donor Center physician in managing the associated donors. The donor management, performed at the discretion of the blood center medical director, is the first and currently the main measure taken to prevent TRALI reactions. In order to take more definite measures to prevent TRALI reactions, both clinicians and transfusion physician specialists may also have to define susceptibility criteria for TRALI in patients receiving a blood transfusion.

The authors should also mention the use of the laboratory test measuring natriuretic peptide (BNP) in patients for whom circulatory overload cannot completely be ruled out

BNP is secreted from the ventricles in response to changes in pressure when heart failure develops. TRALI being more likely if BNP less than 150 pg/ml.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I have no competing interests.