

belece a obrigatoriedade baseada nos preceitos éticos de segurança e da busca do melhor para o paciente.

O caso aqui relatado reafirma a importância e a necessidade da utilização de exames que apresentem o maior grau de sensibilidade possível para triagem laboratorial do sangue doado nos serviços de hemoterapia, além de reforçar as responsabilidades do médico que realiza a transfusão, da instituição que presta o atendimento, bem como dos dirigentes dos órgãos pagadores. Importante ressaltar a obrigação ética de utilizarmos todos os recursos disponíveis para aumentar a segurança transfusional, caracterizando infração grave e responsabilização jurídica a sua omissão.

Abstract

Transfusion safety is a major concern all over the world with new technologies being developed to increase the protection of patients. Developed countries and some Brazilian private blood banks have already implemented tests to detect HIV and HCV nucleic acid material (NAT). Despite the increase in transfusion safety promoted by these tests, financiers and administrators are resistant to pay for its widespread implementation. We report here on the detection of a window period for HIV identified by the NAT test: A donor candidate showed up at the blood bank in August 2007 and after a clinical interview and hematological screening he was considered suitable for donation and did not choose self-exclusion. All serologic tests were negative except NAT for HIV. Twelve days after donating, the donor returned to draw another blood sample, which was positive for NAT for HIV and combined ELISA Ag/Ab. On this occasion, he reported that he was being treated for pneumonia and had had homosexual relationships within the 4 weeks preceding blood donation. One week after this second sample, a third one was collected, which resulted in being positive for NAT, ELISA Ag/Ab and ELISA HIV 1/2. This report illustrates the importance of performing the most sensitive serologic screening tests possible in blood donors, and reiterates the responsibility of physicians, hospitals and financiers. It is important to emphasize the obligation of using every available resource in order to increase transfusion safety as neglect is an ethical infraction with legal responsibilities. Rev. bras. hematol. hemoter. 2008; 30(4):330-331.

Key words: Transfusion safety; serology; HIV; NAT.

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Susceptometric avaliation of chelation with deferoxamine

Avaliação susceptométrica da quelação com deferoxamina

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To Editor

Transfusional iron loading causes significant organ damage in patients with congenital or chronic acquired anemias. Iron chelation is therefore essential for a better quality of life and longevity with deferoxamine (DFO) being the most widely used drug. The amount of iron removed with intra-

venous (IV) infusions of DFO is unknown, especially in patients with heavy iron accumulation. Hepatic iron has a positive and linear correlation with total body iron and is the best predictor of the efficacy of chelation. Susceptometry is an excellent non-invasive measurement tool, but is expensive and is available in only a few centers. There are no susceptometry apparatuses in Latin America.

Table. Susceptometric results of hepatic iron loading in mg/gwt

Gender, age, diagnostics	Day 1	D2	D3	D4	D5
M, 22, TM	4.40	4.80	-	-	3.10
M, 24, TM	-	4.39	4.04	4.14	3.70
F, 14, TM	5.80	6.21	-	-	7.90
M, 11, TM	2.90	2.80	-	-	2.58
F, 23, TM	2.73	-	-	-	2.56
F, 16, TM	0.50	0.94	0.34	1.10	1.37
M, 13, TM	-	1.61	1.42	1.70	1.44
M, 17, TM	-	2.93	3.64	3.64	3.13
F, 15, SCD	4.10	4.30	-	-	1.87
M, 25, SCD	-	5.11	6.04	4.89	5.10
M, 75, SCD	3.93	-	3.20	3.98	4.26
M, 60, MDS	-	0.66	0.64	0.71	-
F, 56, AA	2.64	2.96	2.54	2.62	2.67
M, 15, Fanconi	4.5	-	-	-	5.22

M = male, F = female

TM = Thalassemia major; SCD = sickle cell disease,

MDS = myelodysplastic syndrome; AA = aplastic anemia

This study involved 9 male and 5 female patients with ages between 11 and 75 years old. Eight patients had beta thalassemia major, 3 had sickle cell disease and 3 had chronic acquired anemias receiving regular red cell transfusions for more than one year (19 or more transfusions). All individuals had heavy iron loading (serum ferritin above 2500 mg/L). Doses of 35 to 100 mg/kg of DFO were infused intravenously during 8 hours a day for 5 days weekly. Two thalassemic patients received infusions on a regular basis for hemosiderotic heart failure, but only one infusion was analyzed per patient. Hepatic susceptometry was performed everyday just before the infusion.

Iron measurement was obtained in milligrams per gram of wet tissue (mg/gwt). Iron loading remained unchanged on only one occasion, was reduced on six but increased on seven.

Intravenous infusions of DFO changed hepatic iron deposits in all but one case. Surprisingly, iron concentrations were increased on the majority of occasions, suggesting a relocation of iron stores in the organ. Prolonged infusions are desirable as it seems that all patients have their own pattern of response and a reduction may only be expected after some iron is mobilized. This is the first time in Latin

America that hepatic iron was evaluated by susceptometry during IV infusions, and showed the efficacy of this form of chelation, even in a short-term infusion program.

Resumo

Em pacientes com anemias crônicas a sobrecarga de ferro transfusional causa lesões orgânicas importantes. A quelação do ferro é crucial para a sobrevivência e qualidade de vida. A quantidade de ferro removida pela deferoxamina intra-venosa é desconhecida. O ferro hepático é a melhor medida da eficácia da quelação. A susceptometria permite avaliação não invasiva, mas é dispendiosa e disponível em poucos locais. Não há nenhum destes dispositivos na América Latina. Rev. bras. hematol. hemoter. 2008;30(4):331-332.

Palavras-chave: Sobrecarga de ferro; deferoxamina; susceptometria magnética; SQUID.

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