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Light From The Grave: Therapeutic Plasma Exchange as a Life-saving therapy in Postpartum Multiple Organ Dysfunction Syndrome

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INTRODUCTION

A 32 year old Primigravida was referred post LSCS with Postpartum eclampsia, altered sensorium, severe sepsis and Multiple Organ Dysfunction Syndrome (MODS). She was put on mechanical ventilation, treated with antibiotics, hemodialysis and 5 cycles of Therapeutic Plasma Exchange (TPE)

AIM & OBJECTIVE

Evaluate the effectiveness of TPE as a life-saving measure by reversal of post-partum MODS, altered sensorium and deranged blood parameters

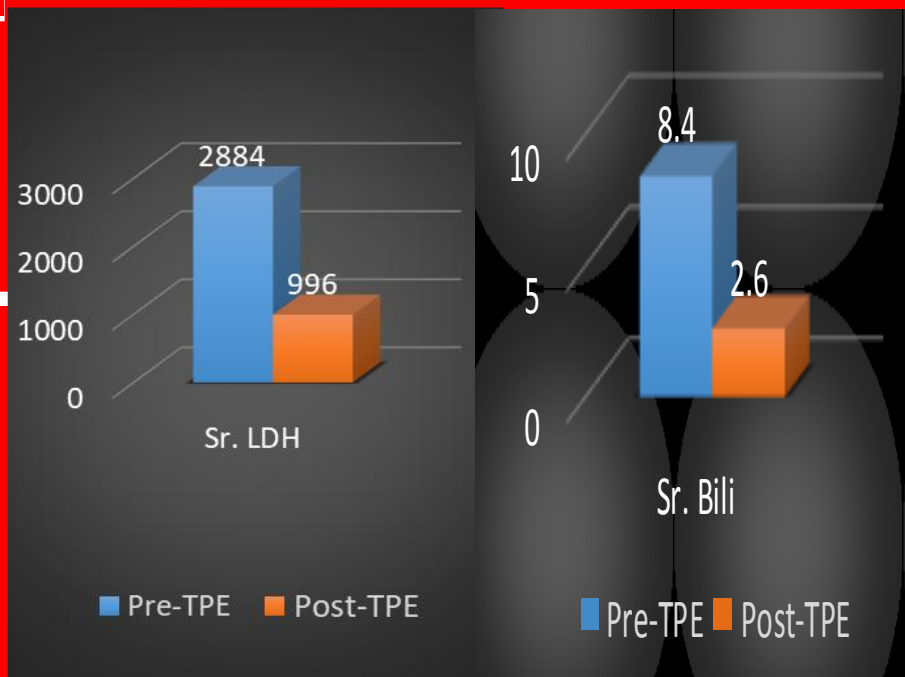
MATERIALS & METHODS

TPE was started immediately on the day of admission. Five procedures were performed on alternate days over 10 days. Around 4.2 liters plasma was extracted during each procedure and substituted 80-85% with replacement fluids including Fresh Frozen Plasma. During this period the patient also received 3 units of PRBC

Parameter	Pre-TPE	Post-TPE (Day 2)
S. LDH	2884 IU/L	966 IU/L (↓ 67 %)
S. Bilirubin	8.4 mg/dl	2.6 mg/dl (↓ 69%)
S. Creatinine	3.00 mg/dl	1.6 mg/dl (↓ 47%)
Platelet count	0.17 Lac/cu mm	0.49 Lac/cu mm ↑

RESULTS

Significant improvement was observed following the second procedure with improved sensorium, multi-organ function and blood parameters. By the second TPE she was alert and responsive, **Sr. Bilirubin decreased by 69% from 8.4 to 2.6 mg/dl**, S.LDH to 966 IU/L, S. Creatinine to 1.6 mg/dl and Platelet count increased to 49,000. She was weaned off the ventilator and CBC parameters stabilized to normal levels. By 12th day of admission she was shifted to ward, discharged with HD catheter and weaned off dialysis within a month.



CONCLUSION

Indication for therapeutic aphaeresis for critically ill patients with sepsis & Multi Organ Failure is category III of ASFA guidelines. However in our patient, **TPE used as the first line of treatment** was well tolerated, and proved to be lifesaving and effective to ensure complete recovery.