

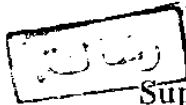
EMERGING THERAPEUTIC TECHNIQUES APPLIED TO TRANSFUSION MEDICINE

Essay

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Clinical and Chemical Pathology

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LIST OF ABBREVIATION

AHF	: Anti Hemophilic Factor.
ALPc	: Aluminum phthalocyanine.
AMT	: Aminomethyl trimethyl psoralen.
ATP	: Adenosine triphosphate.
BPD	: Benzoporphyrin derivative.
CMV	: Cytomegalo virus.
DHE	: Dihematoporphyrin Ether.
2, 3 DPG	: Diphosphoglycerate.
FDA	: Food Drug Administration.
FIO ₂	: Fractional concentration of oxygen in inspired gas.
GV	: Gilvocarcin V.
HBsAg	: Hepatitis B surface antigen.
HCV	: Hepatitis C virus.
HD	: Hemodilution
HDL	: High density lipoprotein.
HES	: Hydroxy ethyl starch.
HIV	: Human immunodeficiency virus.
IBS	: Intraoperative blood salvage.
LDL	: Low density lipoprotein.
LEH	: Liposome encapsulated hemoglobin.
MC	: Merocyanin.
8MOP	: 8 Methoxypsoralen.
NFPLP	: Nor 2 formylpyridoxal phosphate.
PABD	: Preoperative autologous blood donation.
PEG	: Polyethyleneglycol.
PFOB	: Perfluorooctyl bromide.
PLP	: Pyridoxal 5 phosphate.

PO ₂	: Oxygen tension.
RBC	: Red blood cell.
SV	: Sindbis virus.
TMP	: Trimethylproralen.
TNBP	: Tri (n-butyl) phosphate.
UV	: Ultraviolet.
VSV	: Vesicular stomatitis virus.
WBC	: Whit blood cell.

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INTRODUCTION AND AIM OF THE WORK

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Advances in multiple fields of research have fostered the emerging diagnostic and therapeutic technologies applied to transfusion. Refinements in immunoassays, cell kinetics, flowcytometry, and molecular biology such as polymerase chain reaction methodology, provide more sensitive and accurate diagnoses. Derivative therapeutic strategies include apheresis alternatives to homologous transfusion and viral inactivation techniques.

Apheresis was used first with therapeutic interest, but later became more important for collecting blood components for transfusion. current automated apheresis instruments use microprocessor technology to administer an anticoagulant, collect the treated blood, separate components either by centrifugation or by filtration, isolate the desired component and recombine the remaining components for return to the patient and donor (*Hodgson and Mercan, 1991*).

Although the safety of blood transfusion has been markedly improved by the use of tests to screen donors for an array of infectious illness, a risk free blood supply is an unrealistic goal (*Gould and Moss, 1991*).

Most recent research with red cell substitutes has focused on chemically modified hemoglobin, which has the additional advantages of high oxygen - carrying capacity, colloid osmotic activity and low viscosity technical factors such as impurity,

instability and batch-to-batch inconsistency have delayed the introduction of red cell substitute products into clinical use. Unresolved scientific questions such as the physiological consequences of variation in oxygen affinity and the toxicity of products await the production of model solutions of high purity (*Moss et al., 1991*).

Viral inactivation has been and is currently used in a broad sense to encompass procedures that employ physical and chemical agents designed to damage viruses selectively, as well as processes that separate virus from blood products (*Wagner et al., 1991*).

Aim of Work :

The aim of this essay is the review the emerging techniques applied to transfusion medicine. Therapeutic apheresis, autologous blood transfusion, red cell substitutes and viral inactivation techniques are mainly concerned.

CHAPTER I

AUTOLOGOUS BLOOD

TRANSFUSION

