Congenital Heart Surgery in Patients with Sickle Cell Trait on Cardiopulmonary Bypass: Is Exchange Transfusion Indicated?

Baylor College of Medicine®

BACKGROUND

- Current practices on sickle cell trait (SCT) patient based mostly on adult homozygous sickle cell dis studies.
- •We aimed to evaluate whether exchange transfusion (ET) prevents complications in patients with SCT and congenital heart disease undergoing cardiopulmonary bypass (CPB) surgery.

METHODS

- •Retrospective single center study.
- •Patients with SCT diagnosis who underwent CPB surgery (n=36) Jan 1995 - Apr 2016 were included. •Data collected :
- □CPB intraoperative measurements: regional cerebral (RSO2), nasopharyngeal saturation oxygen temperature C, pH.
- □Number of intraoperative blood product units given. hemoglobin S%: calculated based on □On pump patient's weight, preoperative hematocrit, hemoglobin S% (HbS%).
- Two groups were created:
- 1.Non-ET patients
- 2.ET managed patients
- Postoperative complications were and a composite outcome was created.

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Table. Demographics and Primary Outcomes.				Figure 1. Composite	
	No ET (n=15) N (%)	Operative ET (n=21) N (%)	p-value	45.0 % 40.0 uqo 35.0	•
Age	9m (3d-14y)	4y (3m-19y)	.032	ອື້ອ 30.0	
Weight, kg	8 (3-79)	14 (4-69)	.056	ੁੱਛ 25.0	•
CPB (min) DHCA Time (min)	135 (89-253) 10 (10-24)	162 (74-315) 33 (13-44)	.404 .400	ມີ 20.0 6 15.0	• Excha
RSO2 minimum	67 (44-71)	63 (33-76)	.677	0.0 page 0 5.0	• Non-
Minimum, °C	28 (17.8-32.3)	32 (17.7-36.7)	.127	전 망 0.0	Comp
Minimum pH	7.33 (7.25-7.46)	7.31 (7.09-7.41)	.558	1996	
Hemoglobin S (%) Preoperative	35 (7-66)	37 (31-42)	.331	Figure 2. Minimum C	
On-Pump Postoperative	23 (4-41) 33 (9 – 37)	24 (8-34) 11 (0 – 14)	.258 .038	Yes -	
# Blood product units	3 (0-5)	5 (3-19)	<.001	No - [°]	7
Data reported as frequ	uency (percentage) or median (range)		40	50 60

Data reported as frequency (percentage) of median (range). DHCA, deep hypothermic circulatory arrest; ET, exchange transfusion; RSO2, regional cerebral O2 saturation.

• 6 complications: 2 acute chest syndromes, 1 vaso-occlusive event, 1 hemolytic anemia, 1 thrombocytopenia, and 1 hypoxic-ischemic brain injury

collected

• 2 (13%) in non-ET group vs 4 (19%) in ET group (p=.999).

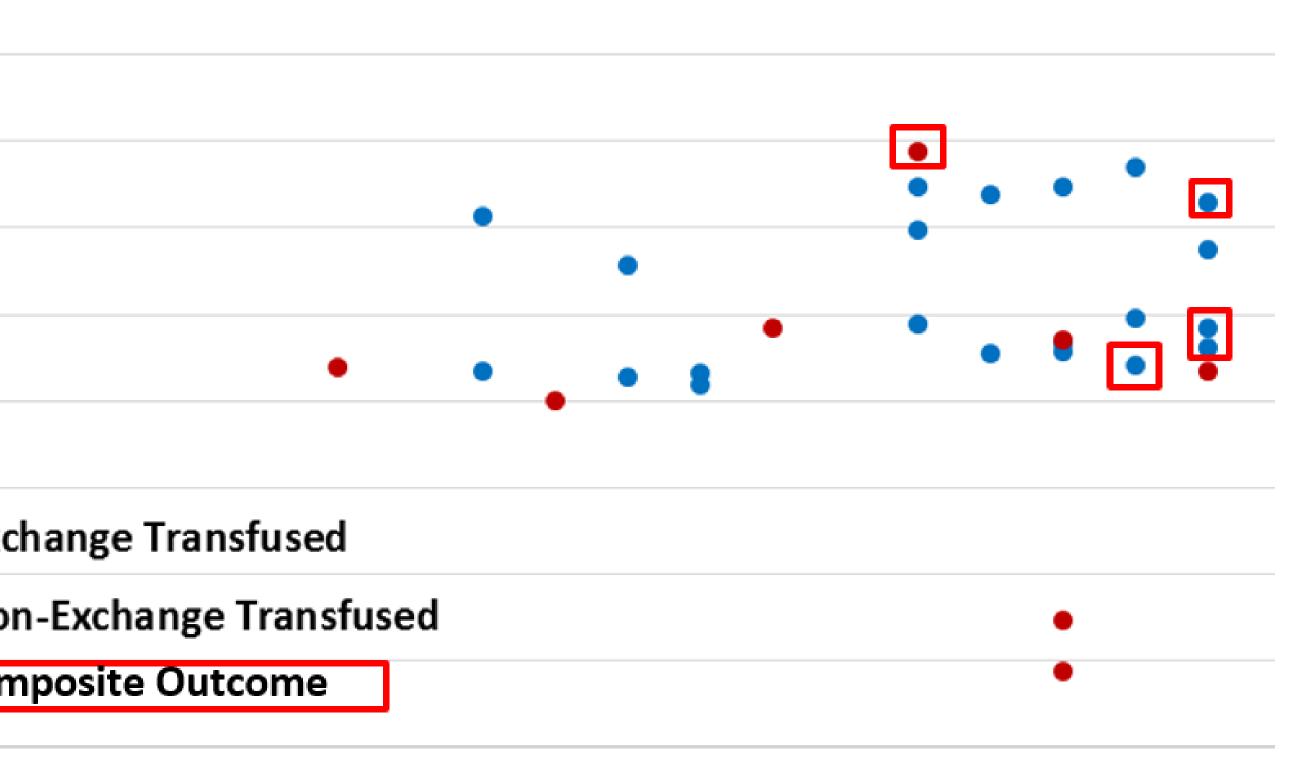
RESULTS

ROS2

prospective study

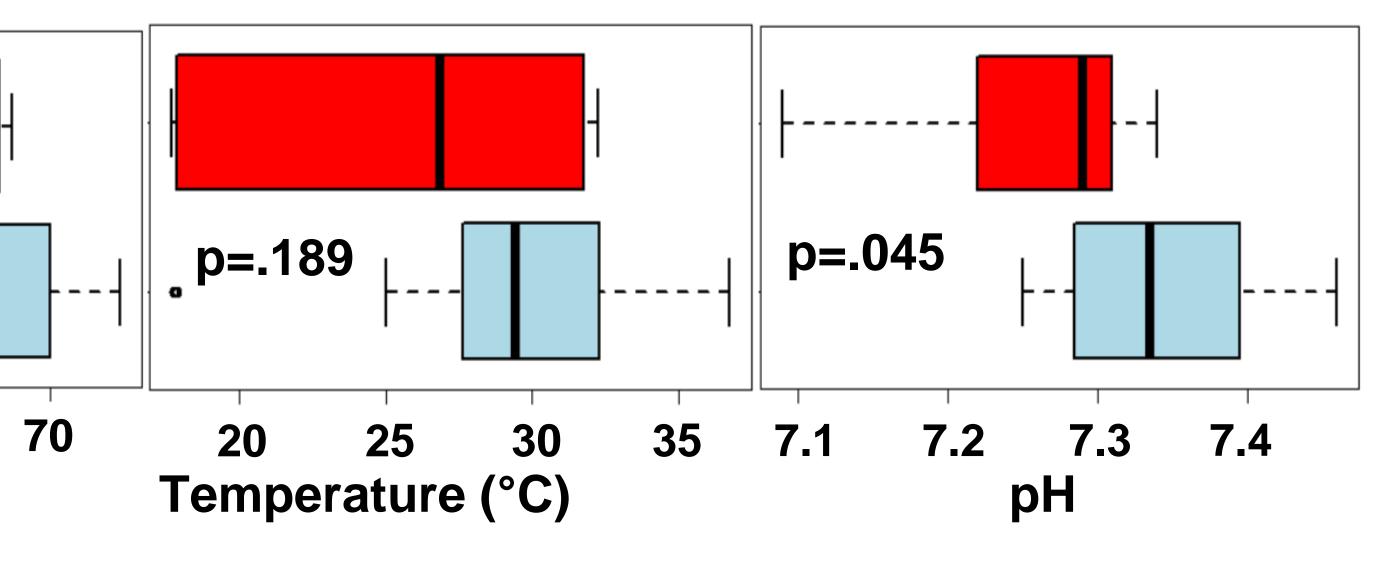


te outcome across time by HbS% and ET group.





CPB measurements by composite outcome presence.



CONCLUSIONS

Lower pH on CPB appeared to be an important risk for SCT complications. However, ET performance during CPB surgery was not. • This exploratory study merits confirmation in a larger randomized