

IMAGING IN INTENSIVE CARE MEDICINE



Yellow urticaria following plasma transfusion

Hamid Merdji*, Raphael Clere-Jehl, Alexandra Monnier and Ferhat Meziani

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An intubated 55-year-old male, with a known alcoholic liver cirrhosis Child C12, was admitted to the ICU for acute respiratory failure on a voluminous bilateral hepatic hydrothorax. Biological assessment revealed anicteric cholestasis (69.9 mg/L total bilirubin), without any clinical sign of jaundice.

A part of the main treatments was a paracentesis for which about 600 ml of fresh-frozen plasma (FFP) were administered in order to optimize hemostasis.

Approximately 60 min after the beginning of the FFP transfusion, the patient presented diffuse yellow urticaria plaques on the anterior surface of the trunk and the inner

surface of the thigh. The patient was treated successfully with antihistamines and, after 2 h, the yellow urticaria disappears and was replaced by yellow macules (Fig. 1a). Compression by a glass plate did not diminish these yellow macules, which gradually disappeared over 4 days (Fig. 1b). The patient had favorable evolution and was discharged from the ICU 3 days later.

It is believed that the increased permeability of the blood vessels during the urticaria allowed an accumulation of the excess plasma bilirubin in the skin. Although this clinical sign is rare, it may guide clinicians toward liver dysfunction.



Fig. 1 **a** Yellow macules on the inner surface of the left thigh 2 h after the yellow urticaria has been treated by antihistamine. **b** The yellow macules totally disappeared after 4 days

*Correspondence: hamidmerdji@hotmail.fr
Hopitaux Universitaires de Strasbourg, Strasbourg, France

Abbreviations

FFP: Fresh-frozen plasma; ICU: Intensive Care Unit.

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Compliance with ethical standards**Conflicts of interest**

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Informed consent

The patient gave his full consent for this submission.

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