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Letters to the Editor

Blood storage and transfusion[☆]

Almacenamiento sanguíneo y transfusión

As concerns the Reflection Article “Blood Storage and Transfusion Injury”¹ written in relation with the article entitled “Blood Sparing Techniques in Surgery”² that proposes that a bank blood undergoes “storage” alterations leading to worse outcomes when “old” units are transfused, it is worth highlighting that studies with intermediate outcomes such as lung dysfunction, have not found statistical differences between transfusions using blood with different storage times, in particular in the ICU^{3,4}; while other studies report alterations, particularly in mass transfusions and trauma cases. Although the controversy still persists, it is important to transfuse blood with the least storage time. Some references that contribute to the discussion and that involve other blood products such as platelets are included below⁽⁵⁻⁹⁾.

In terms of Hb levels of 6 and 10 g/dl, there is no consensus as to the absolute need to use them as a basis for deciding about transfusions. However, clinicians’ tools are to elucidate the patient’s situation and, consequently, I believe that the phrase taken from the American Society of Anesthesiologists (ASA Task Force) is accurate: “The decision between 6 or 10 g/dl is an individual decision and must be based on clinical and paraclinical parameters pointing to tissue hypoperfusion”.⁵ This means that the signs of hypoperfusion need to be taken together with the Hb value, and this would be a reasonable and practical recommendation, despite the fact that it may still be subject of debate.

Finally, based on the evidence, I share the “restrictive” approach to transfusion.

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