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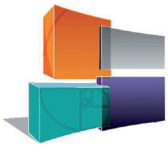

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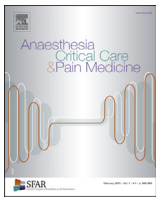

Letter to the Editor

Are we ready to use whole blood for resuscitation in civilian practice? Response to Dr Cordier

First of all, we would like to thank Cordier et al. for their thoughtful comments [1]. The authors advocate for the use of whole blood transfusion rather than component therapy. The use of whole blood therapy for massive haemorrhage has been recently rediscovered in military medicine and is gaining popularity in the civilian sector as well [2]. Whole blood offers, in a single bag, all of the necessary components for efficient blood clotting, including specifically platelets, which are not available in austere environments. Stored at 2 to 4 °C, it can also be directly collected in the field from non-wounded soldiers (walking blood bank), facilitating the implementation of damage control principles in remote areas [3]. Unfortunately, the data surrounding the use of whole blood in this context is far from complete at this time. The resulting complications, such as serious adverse events, including TRALI or MOF as well as an increased risk of death are also unclear [4,5]. Therefore, at this time, while whole blood is an attractive option for the most severely injured patients with uncontrolled bleeding, optimal indications for its use are unclear and further investigation is needed for a potential universal implentation.

The authors have also suggested that the administration of whole blood may be associated with a decrease in transfusion costs. Many costs must be added to the purchase price of the product, such as those generated by the program implementation, the impact on outcomes and the burden of complications; each one should be considered if one needs to make a true comparative costs calculation.

Well-designed studies will be needed to define which patients will truly benefit from whole blood transfusion in civilian practice before generalising its use.

Disclosure of interest

JSD did lectures for Werfen laboratory (2019). KI declares that he has no competing interest.

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