

NON-CARDIOGENIC PULMONARY EDEMA

- The mechanism of pulmonary edema is presumed to be an increase in pulmonary capillary permeability resulting from cytokine release leading to ARDS.⁽¹⁾

Prevention:

- Prudent fluid management and minimizing graft-ischemia are recommended to prevent edema.

Management:

- Discontinuation of basiliximab may be necessary.
- Supportive measures include mechanical ventilation, maintenance of adequate nutrition, and hemodynamic monitoring when necessary to guide fluid management and cardiovascular support.
- The case may be resolved by administering BIPAP (bilevel positive airway pressure) or PRVC (Pressure-regulated volume control) to the patient.
- Lowering the pulmonary artery wedge pressure with diuretics and fluid restriction can improve pulmonary function and perhaps outcome.⁽¹⁾⁽²⁾

(1) Bamgbola FO, Del Rio M, Kaskel FJ, Flynn JT. Non-cardiogenic pulmonary edema during basiliximab induction in three adolescent renal transplant patients. *Pediatr Transplant*. 2003 Aug;7(4):315–20.

(2) Noncardiogenic pulmonary edema - UpToDate [Internet]. [cited 2021 Nov 19]. Available from: [https://www.uptodate.com/contents/noncardiogenic-pulmonary-edema?search=Noncardiogenic pulmonary edema&source=search_result&selectedTitle=1~124&usage_type=default&display_rank=1#H8](https://www.uptodate.com/contents/noncardiogenic-pulmonary-edema?search=Noncardiogenic%20pulmonary%20edema&source=search_result&selectedTitle=1~124&usage_type=default&display_rank=1#H8)

