

RESPIRATORY

- Treated with a “bundle”, including **corticosteroids, anti-infection therapy (BACTERIAL INFECTION)**, **noninvasive positive-pressure ventilation**, **conservative fluid management**, and **continuous renal replacement therapy (CRRT)**.
- “**Corticosteroids** were then slowly tapered assuming an **improvement of oxygenation based on arterial blood gas** and decreased infiltration . Due to the use of **anti-infective drugs** and with the improvement of the patient’s general condition, the **risk of pulmonary infection was small in this case.** ”
- suggest that the early use of **corticosteroids, adjustment** of the immunosuppressive regimen, **and conservative fluid management**, as well as **empiric antimicrobial therapy**, should be performed as soon as possible. ^[1]
- **Respiratory distress** may indicate an anaphylactoid reaction. Discontinue infusion of ATGAM. If distress persists, administer an **antihistamine, epinephrine, corticosteroids, or some combination of the three.** ^[2]

[1]- Tu, G. W., Ju, M. J., Xu, M., Rong, R. M., Zhu, T. Y., & Luo, Z. (2012). Antithymocyte globulin-induced acute respiratory distress syndrome after renal transplantation: A case report. *Chinese Medical Journal*, 125(9), 1664–1666. <https://doi.org/10.3760/cma.j.issn.0366-6999.2012.09.027>

(https://journals.lww.com/cmj/Fulltext/2012/05010/Antithymocyte_globulin_induced_acute_respiratory.27.aspx)

[2]- Atgam ® (lymphocyte immune globulin, anti-thymocyte globulin [equine] sterile solution). (n.d.). <https://www.fda.gov/media/78206/download>

