**Plasmapheresis in Pediatric Septic Shock**
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**Objective:** To clarify the therapeutic role of plasmapheresis for patients with septic shock

**Methods:** The clinical courses of six children (age range 6 months to 15 years old) with septic shock were treated with plasmapheresis as adjunctive therapy associated to ACCM/PALS haemodynamic support guidelines for paediatric septic shock were retrospectively evaluated.

**Results:** One patient had septic shock after liver transplant; one patient had harm septic shock secondary to *Staphylococcus aureus* endocarditis; one patient had septic shock and leukocytoclastic vasculitis.; one patient had harm septic shock after cardiac surgery and two patients had Meningococcemia. The plasmapheresis regimen consisted from one to three sessions treatment for consecutive days. In three patients plasmapheresis technique procedure was used albumine and in three patients fresh frozen plasma, each exchange consisting of 1.5 to 3 plasma volumes.

After plasmapheresis with albumin we have a postapheresis-depletion coagulopathy. With fresh frozen plasma we had transitory episode of hypotension and no allergic reaction. Any other and adverse reactions were attributable to the plasmapheresis. The patient after transplant was on refractory septic shock when plasmapheresis was performed, she died a day after the procedure.

**Conclusions:** Early recognition and prompt treatment of severe sepsis and septic shock play an important role in this challenging disease. Adjunctive plasmapheresis may decrease mortality, morbidity and improve outcomes. Plasmapheresis was a safe procedure in our cases. A prospective randomised multicentre trial will be important to confirm our results and to determine which subgroups of septic patients will benefit most from this treatment modality.