(COLCORONA) trial. In this latter major trial, 4159 patients with polymerase chain reaction-confirmed COVID-19, colchicine (0.5 mg twice daily for 3 days, then once daily for 27 days) reduced the primary end point of hospitalization and death significantly by 25%, including significant reductions in hospitalization by 25%, and trends for mechanical ventilation and death (−50% and −44%, respectively). Certainly, evidence for various therapies in COVID-19 continues to evolve rapidly.

Carl J. Lavie, MD
John Ochsner Heart and Vascular Institute
Ochsner Clinical School
The University of Queensland School of Medicine
New Orleans, LA

Potential Competing Interests: The author reports no competing interests.

ORCID
Carl J. Lavie: https://orcid.org/0000-0003-3906-1911


https://doi.org/10.1016/j.mayocp.2021.03.002

Safety of Convalescent Plasma Transfusion

To the Editor: We read with interest the Letter to the Editor by Juskewitch and colleagues, recently published in Mayo Clinic Proceedings, in which the investigators observed an unusually high rate (16/157 [10.1%]) of positivity in screens for human leukocyte antigen antibody (HLA-Ab), implicated in transfusion-related acute lung injury (TRALI), in donors of coronavirus disease 2019 (COVID-19) convalescent plasma (CCP). As 5 of them (5/157 [3.1%]) were male donors without a previous known risk factor for the development of HLA-Ab, the authors raised concerns about the safety of CCP. In this regard, we would like to share our experience with the collection and transfusion of CCP at the city hospital of Mantova, Italy. Between March 15, 2020, and February 15, 2021, 516 CCP units were collected from 311 donors (451 men and 60 women; median age, 44.5 years; range, 18-65 years) who had recovered from COVID-19. According to the indications from the Italian National Blood Center, a mandatory condition for donor eligibility was being a man or a nulliparous woman with a negative history of blood component transfusion. All these CCP units were transfused to 296 COVID-19 patients (208 men and 88 women; median age, 70.2 years; range, 29-89 years). Of them, 117 patients received 1 unit; 142 patients, 2 units; 33 patients, 3 units; and 4 patients, 4 units. Adverse reactions to CCP transfusion were recorded in a computer database using the national hemovigilance system of the transfusional network organized by the Italian National Blood Center. Overall, 7 (1.3%) adverse reactions were recorded. All cases were mild allergic reactions characterized by pruritus or rash, which rapidly faded with slowing of the CCP transfusion and after treatment with intravenous administration of antihistamine agents. In no case was it necessary to stop the plasma transfusion. No cases of TRALI occurred. Our data, which document the low rate of adverse reactions to hyperimmune plasma transfusion, are in agreement with the larger experience from the US Food and Drug Administration Expanded Access Program, which showed a low rate (<1%) of severe adverse reactions among 20,000 hospitalized COVID-19 patients transfused with CCP. In conclusion, we agree with Juskewitch and colleagues on the need for further studies aimed at elucidating the role of HLA-Ab in the onset of TRALI associated with CCP transfusion. Nevertheless, on the basis of the real-life data from our study and other studies, we believe that such risk is very low if not negligible.

Massimo Franchini, MD
Claudia Glingani, BSc
Department of Hematology and Transfusion Medicine
Carlo Poma Hospital
Mantova, Italy

Potential Competing Interests: The authors report no competing interests.

ORCID
Massimo Franchini: https://orcid.org/0000-0002-8795-0580

2. Franchini M, Marano G, Velati C, Pati I, Pupella S, Maria Liumbruno G. Operational protocol for
In Reply — Safety of Convalescent Plasma Transfusion

To The Editor: We thank Drs Franchini and Glingani for their letter in response to our recent Letter to the Editor entitled “Elevated Rate of HLA Antibodies in Male COVID-19 Convalescent Plasma Donors: A Risk Factor for Transfusion-Related Acute Lung Injury” and the safety data on COVID-19 convalescent plasma (CCP) transfusions they provided from their institution.¹ As they noted, all of their CCP units were collected from recovered men or nulliparous women without a history of blood transfusion. Among the 516 CCP units administered, only a handful of mild allergic transfusion reactions occurred without any reported cases of transfusion-related acute lung injury (TRALI). These data align with the previously reported safety profile of CCP under the Food and Drug Administration’s Expanded Access Program (EAP), in which 20,000 CCP transfusions had an overall serious transfusion reaction rate of less than 1% and a TRALI reaction rate of 0.1%.²

Ultimately, the occurrence of TRALI from donor HLA antibodies (HLA-Ab) requires alignment between the donor’s HLA-Ab specificities and the recipient’s HLA alleles as well as the donor’s HLA-Ab being of sufficient strength in that particular blood product to elicit such a reaction. As such, only a subset of donated units that contain HLA-Ab will actually trigger TRALI in the recipient, so blood product HLA-Ab rates will exceed actual TRALI reaction rates.

The restriction of plasma products from specific donor populations or selective screening of certain donors for HLA-Ab has certainly reduced but not eliminated TRALI reactions.³ The current schema of screening previously pregnant female donors once since their last reported pregnancy is a balance between detecting HLA alloimmunization among those donors at highest risk and optimizing the product testing burden on blood collection centers. What matters ultimately, though, is whether sufficient HLA-Ab are present in a given transfusion product.

Our hospital-based blood collection facility’s decision to universally screen every single CCP donation for HLA-Ab (and thus detect the increased rate of HLA-Ab among our male CCP donors) was driven by both donor and recipient factors for this special blood product. On the donor side, all CCP donors have recently recovered from a viral infection. HLA-Ab are known to wax and wane over time, and infections stimulating HLA-Ab production have been reported.⁴,⁵ On the recipient side, CCP recipients under the EAP were required to have or to be at high risk for development of severe or life-threatening COVID-19 infection. Severe or life-threatening COVID-19 infection was largely defined under the EAP as having evidence of virus-induced lung injury. Given such a recipient population, there was concern that TRALI could be more easily missed compared with patient populations receiving routine plasma products.

We completely agree that larger studies are required to determine whether this male CCP donor HLA-Ab phenomenon is a more universal feature of recent recovery from SARS-CoV-2 viral infection or a local phenomenon at a single blood collection facility. To that end, we are currently completing a larger regional cross-sectional study of HLA-Ab positivity screening rates among male CCP EAP donors.

Justin E. Juskewitch, MD, PhD
James R. Stubbs, MD
Manish J. Gandhi, MD
Mayo Clinic
Rochester, MN

Potential Competing Interests: The authors report no competing interests.

ORCID
Justin E. Juskewitch: https://orcid.org/0000-0002-7868-2852; Manish J. Gandhi: https://orcid.org/0000-0001-7210-1909

Sucking Bruises in Infancy: A Mimicker of Child Abuse

To the Editor: Bruising is the most common manifestation of physical abuse¹, and in pre-mobile infants is frequently associated with serious concurrent injury or future risk for serious or life-threatening injuries.²,³ Other etiologies of bruising in pre-mobile infants include underlying medical conditions⁴,⁵ (eg, leukemia) and witnessed accidental events. Rarely, infants can


https://doi.org/10.1016/j.mayocp.2021.03.026