For patients undergoing treatment with angiotensin-converting enzyme (ACE) inhibitor, there is a possibility that treatment with the IMMUSORB™ TR-350 will lead to a drop in blood pressure. Simultaneous treatment with ACE inhibitor and the IMMUSORB™ TR-350 must be avoided.

The IMMUSORB™ TR-350 is intended for the treatment of plasma. Never run cold blood through the IMMUSORB™ TR-350 and may cause blockage. Do not use the IMMUSORB™ TR-350 with plasma containing a large amount of thrombocytes.

References


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Selective immunoabsorption for neurological diseases with easy to handle single use column

**Indication**

**Neurological diseases**
(e.g., Myasthenia gravis (MG), Guillain-Barré syndrome (GBS), Chronic inflammatory demyelinating polyneuropathy (CIDP), Multiple sclerosis (MS))

**Features of IMMUSORBA TR-350(L)**
- Therapeutic plasmapheresis by removing pathogenic substances (anti-acetylcholine receptor antibodies and immune complexes) from patient's plasma by selective adsorption.
- No need for the replacement of plasma, minimizing the risk of infection with hepatitis, AIDS, etc.
- Applicable to patients with protein allergy.

**Clinical Course**

- Efficacy of immunoabsorption for patients with Myasthenia gravis (MG)

**Specifications**

<table>
<thead>
<tr>
<th>Immunoabsorption Column</th>
<th>Adsorbent</th>
<th>Material</th>
<th>Trypsin immobilized polyanlylalcohol gel</th>
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<tbody>
<tr>
<td>Priming Volume</td>
<td>300mL</td>
<td></td>
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<tr>
<td>Container Dimension</td>
<td>217mm x 62mm</td>
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<td></td>
</tr>
<tr>
<td>Weight</td>
<td>650g</td>
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<td></td>
</tr>
<tr>
<td>High pressure steam</td>
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</table>

<table>
<thead>
<tr>
<th>Micro particle Filter</th>
<th>Material</th>
<th>Polyethylene (coated with ethylene-vinyl alcohol copolymer)</th>
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<td>Container Dimension</td>
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<tr>
<td>Priming Volume</td>
<td>30mL</td>
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<tr>
<td>Sterilization Method</td>
<td>Ethylene oxide</td>
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</table>

**Circuit Diagram**

- Progressive changes of the functional grading scale (FGS) in PA, PE, and IVIg treatment groups

- Sixty-three Guillain-Barré Syndrome (GBS) patients were enrolled. These patients were treated with plasma adsorption (PA, n=38), IMMUSORBA TR-350 (PE, n=14), or immunoglobulin treatment (IVIg, n=11). Treatment methods (PA, PE, or IVIg) did not significantly influence the outcome, since PA does not result in a risk of unknown infection, choosing a PA may be justified.
References

6. Van et al, Optimal volume of processed plasma and total number of selective adsorptions in the treatment of patients with severe nephrotic syndrome, Curr Nephrol, 14:177-180, 1999