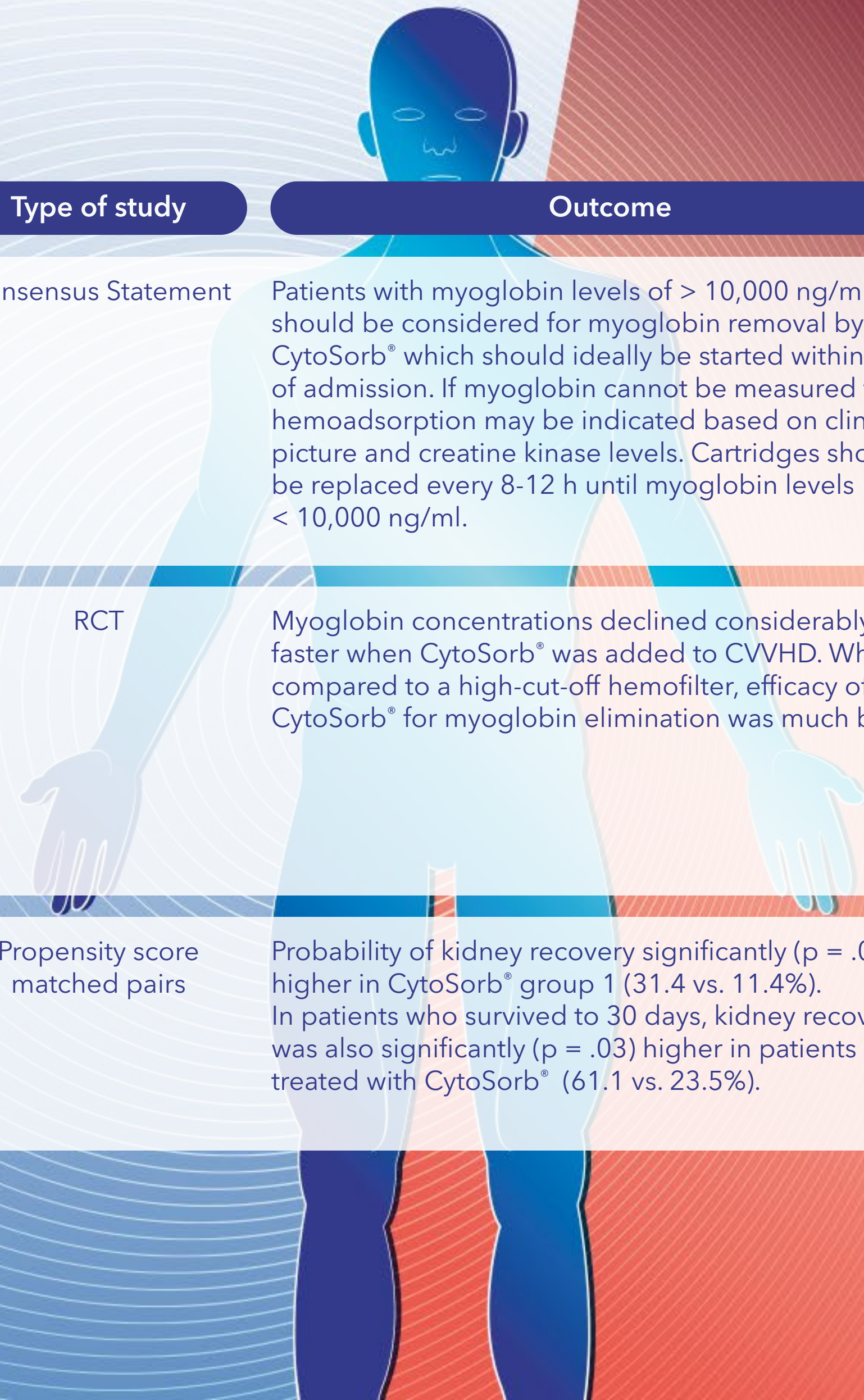





Clinical Evidence for CytoSorb® Therapy in Rhabdomyolysis

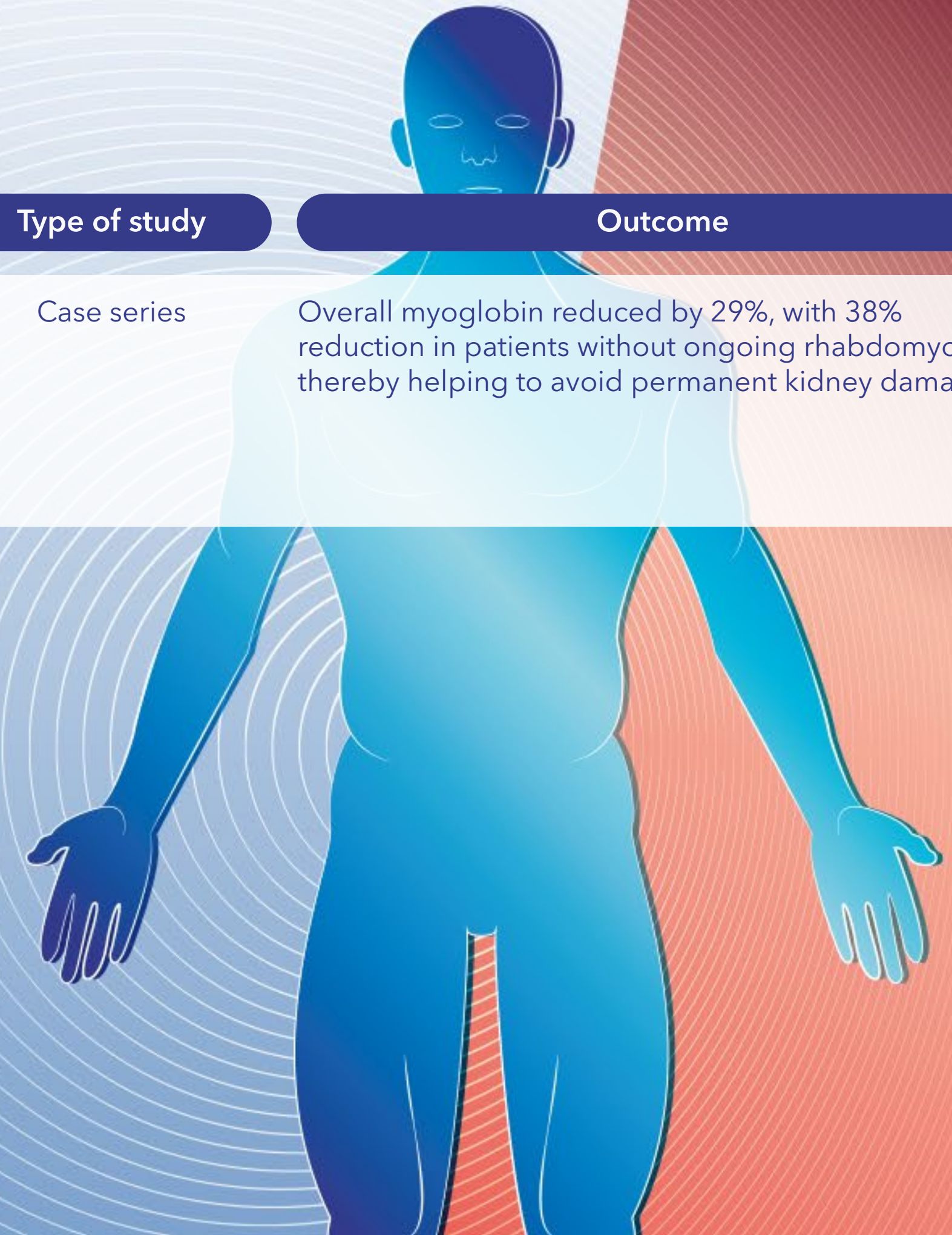
Name	Title	Aim	Number of patients	Type of study	Outcome
Forni et al., BMC Nephrol 2024; 25(1):247	Hemoadsorption therapy for myoglobin removal in rhabdomyolysis: consensus of the hemoadsorption in rhabdomyolysis task force	Consensus task force on the use of CytoSorb® hemoadsorption in patients with severe rhabdomyolysis	N/A	Consensus Statement	Patients with myoglobin levels of > 10,000 ng/ml should be considered for myoglobin removal by CytoSorb® which should ideally be started within 24 h of admission. If myoglobin cannot be measured then hemoadsorption may be indicated based on clinical picture and creatine kinase levels. Cartridges should be replaced every 8-12 h until myoglobin levels < 10,000 ng/ml.
Albrecht et al., Blood Purif 2023; epub	Rapid and Effective Elimination of Myoglobin with CytoSorb® Hemoadsorber in Patients with Severe Rhabdomyolysis	Patients with severe rhabdomyolysis (myoglobin > 30,000 µg/l or myoglobin > 10,000 µg/l plus GFR < 40 ml/min), received continuous veno-venous hemodiafiltration (CVVHD) with a high cut-off hemofilter (EMIC®2) using high blood and dialysate flows for 48 h with or without CytoSorb®.	8 (4 v 4)	RCT	Myoglobin concentrations declined considerably faster when CytoSorb® was added to CVVHD. When compared to a high-cut-off hemofilter, efficacy of CytoSorb® for myoglobin elimination was much better
Grafe et al., Ren Fail 2023; 45(2):2259231	The effect of CytoSorb® application on kidney recovery in critically ill patients with severe rhabdomyolysis: a propensity score matching analysis.	Patients with severe rhabdomyolysis (various etiologies), myoglobin 27,218 ng/ml, put on renal replacement with CytoSorb® compared to matched pairs (myoglobin 26,872 ng/ml) without CytoSorb®	70 (35 v 35)	Propensity score matched pairs	Probability of kidney recovery significantly (p = .04) higher in CytoSorb® group 1 (31.4 vs. 11.4%). In patients who survived to 30 days, kidney recovery was also significantly (p = .03) higher in patients treated with CytoSorb® (61.1 vs. 23.5%).





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Name	Title	Aim	Number of patients	Type of study	Outcome
 Scharf et al., Crit Care 2021; 25(1): 41	Blood purification with a cytokine adsorber for the elimination of myoglobin in critically ill patients with severe rhabdomyolysis.	Patients with severe rhabdomyolysis (various etiologies), median myoglobin for whole gp >25,000 ng/ml, put on renal replacement with CytoSorb® and myoglobin levels measured pre and post adsorber.	43	Case series	Overall myoglobin reduced by 29%, with 38% reduction in patients without ongoing rhabdomyolysis thereby helping to avoid permanent kidney damage.



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