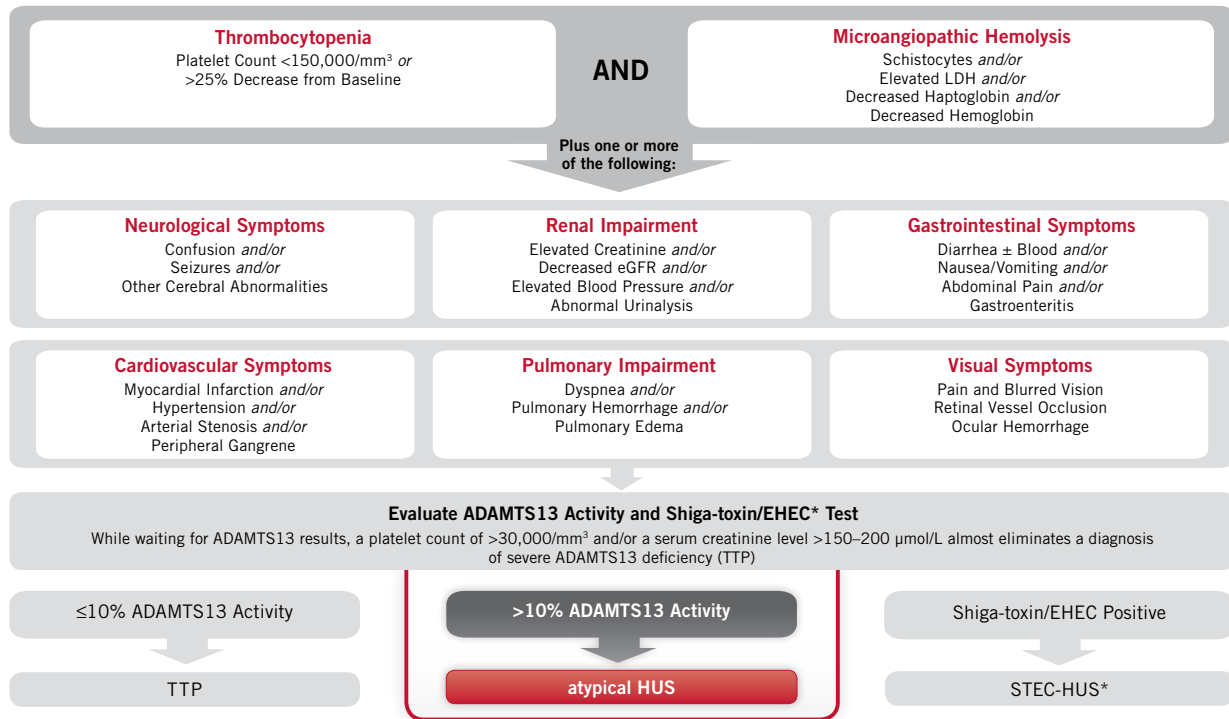


Differential diagnosis for primary TMAs: **atypical HUS**, TTP, and STEC-HUS¹⁻⁵



- Genetic mutations are **not** identified in **30% to 50%** of patients with atypical HUS
- A diagnosis of atypical HUS does not require identification of a mutation

The availability of an effective treatment option warrants a differential diagnosis of atypical HUS.

eGFR, estimated glomerular filtration rate; EHEC, enterohemorrhagic *E. coli*; LDH, lactate dehydrogenase; STEC-HUS, Shiga-toxin-producing *E. coli* hemolytic uremic syndrome; TMA, thrombotic microangiopathy; TTP, thrombotic thrombocytopenic purpura.

⁵Shiga-toxin/EHEC test is warranted in history/presence of GI symptoms.
The information on this page is intended as educational information for healthcare providers. It does not replace a healthcare professional's judgment or clinical diagnosis.

The catastrophic consequences of atypical HUS make **RAPID DIAGNOSIS** and **CLINICAL INTERVENTION CRITICAL**⁴

Atypical HUS can cause **SUDDEN** and **PROGRESSIVE** damage³

- **33%** to **40%** of all patients die or progress to ESRD with the first clinical manifestation
- **65%** of all atypical HUS patients die, require dialysis, or have permanent renal damage within the first year after diagnosis despite PE/PI

Atypical HUS is a **CHRONIC, LIFE-THREATENING** condition

- The complement system is always “on” and regulated by natural inhibitors⁵
- Genetic mutations in complement inhibitors result in chronic, uncontrolled complement activation⁵
- Complement-mediated TMA persists despite PE/PI, dialysis⁴, or kidney transplantation⁶, and results in extra-renal morbidities

Atypical HUS has **SYSTEMIC** impact

- TMA occurs throughout the body and affects multiple vital organs, including the renal, nervous, and cardiovascular systems⁴
- **63%** of atypical HUS patients have at least 1 complication outside of the kidney, including neurological, cardiovascular, and gastrointestinal systems³

Atypical HUS affects **BOTH** adults and children

- The onset of atypical HUS occurs as frequently during adulthood as during childhood⁷

To learn more about the aHUS Registry or to enrol your patients, contact your Alexion Representative or e-mail aHUS-Registry@incresearch.com

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