



Treatment of Hypoalbuminemia by a Novel Albumin Product

William Norberg**Pediatric Cardiac Intensivist President and Medical Researcher at System Medical Inc., McAllen, Texas, United States****Corresponding Author:** William Norberg, Pediatric Cardiac Intensivist President and Medical Researcher at System Medical Inc., McAllen, Texas, United States.**Received:** May 02, 2025**Published:** June 05, 2025© All rights are reserved by **William Norberg**.

Hypoalbuminemia has been associated with higher mortality and morbidity in all patients in all ages for all diseases. This was first reported in 1970 these findings remain unchanged today. Attempts at correction of hypoalbuminemia with albumin infusion have all failed treatment of hypoalbuminemia is not recommended without signs or symptoms drug disease hey treatment with a modified albumin product resulted in improvement and prompt discharge of all patients OK.

Hey clinical report utilizing a modified albumin product to correct hypoalbuminemia is presented in 24 consecutive patients without regard to diagnosis. Sure may albumin levels of 2.5g per cent or lower was the entry criteria for all patients except one. This was a clinical treatment program not an experimental study. No complications occurred in any patient hey no additional laboratory studies beyond those needed for the patients primary care needs were performed. Long term follow-up beyond hospital discharge was not possible.

This novel product is human serum albumin 5% and hydrolyzed amino acid solution 2% in normal saline. Standard hospital pharmacy preparation following US FDA guidelines was used. United States FDA regulations and guidelines 4 used as the basis for this treatment.

The results are as follows:

- This site includes the patient diagnosis listing.
- That includes the graph of the changes for ohh patient this graph includes A brief breakdown of diagnosis.

Discussion

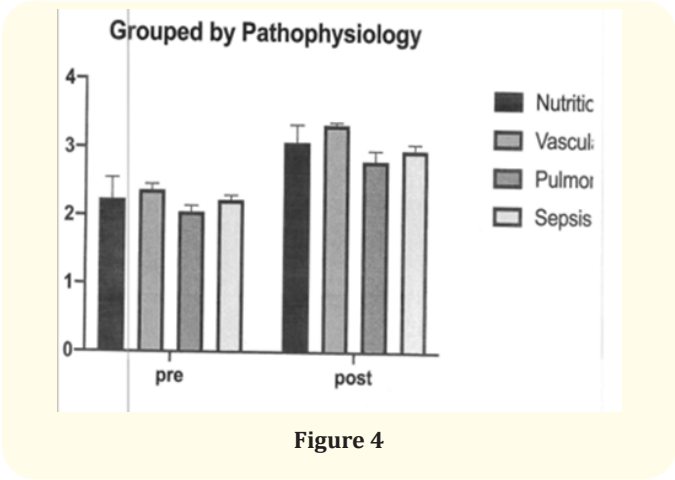
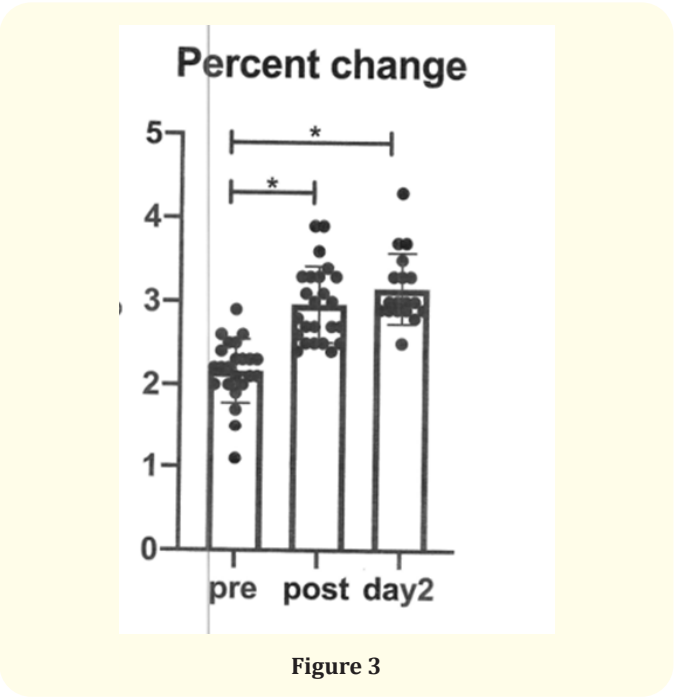
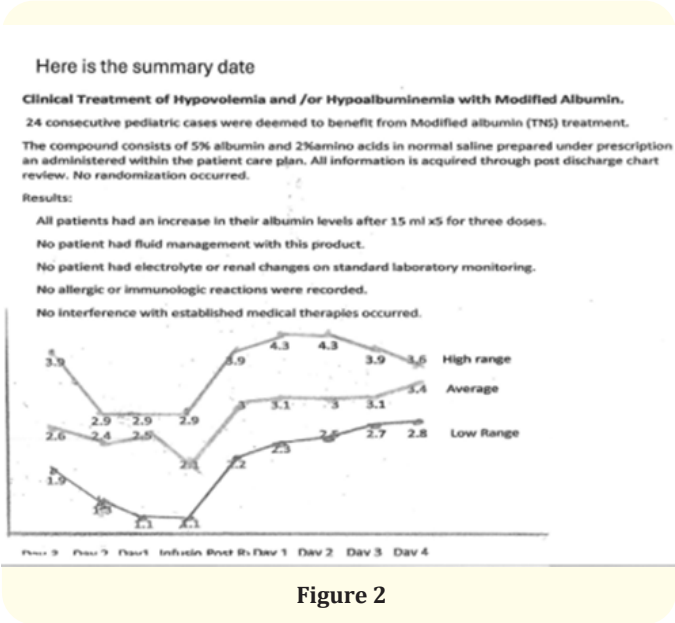
This is the first report of correction of hypoalbuminemia with a modified albumin product no similar reports exist in the medical literature. All patients tolerated this infusion without complications of any sort and no modifications were required of their clinical trial spent regimens. Although the patients appeared to have a shortened hospital stay this was a clinical observation only and could not be substantiated. No long term benefit could be determined to too short period of follow up what the remarkable improvement in the albumin levels in this extremely fraught small patient series is remarkable and makes this report worthwhile future studies of the benefit of modified albumin products should be performed and the effect upon morbidity and mortality is anticipated to be positive.

Here is a list of patient diagnoses and initial individual data

Diagnosis	TNS 15/kg			Pre Infus	Post Infusion				Albumin Increase		
Juv Dermatomyositis	TNS 15/kg	2.00	2.4	2.2	2.2	3.4	2.9	3	2.8	1.2	
Cholera GI Bleed	TNS 15/kg	3.00	1.4	1.1	1.1	2.4				1.3	
Nissen Fundoplasty	TNS 15/kg	2.5	2.2	2.2	2.2	2.6	2.7	3		0.4	
Depress Skull FX Cranil	TNS 15/kg	3.9	2.9	2.2	2.2	2.7	3.2	3.1	3.5	3.4	0.5
Juv Dermatomyositis	TNS 15/kg	2.5				3.3	3.1	3		0.8	
Juv Dermatomyositis	TNS 15/kg	2.60	2.6	2.6	2.4	3.3	3.6	3.3	3.2	3.1	0.9
RDS Hypoxia	TNS 15/kg	2.2	1.8	2.3	3.6		2.9	2.8	2.6	1.3	
UTI Sepsis	TNS 15/kg	2.40	2.8	2.6	2.1	3.1				1	
RDS Pleural Effusion	TNS 15/kg			2	2	2.5				0.5	
Influenza A Para I FV	TNS 15/kg	1.90	2.2	2	2	2.5	3	2.9	2.7	0.5	
pleural eff pneumonia	TNS 15/kg	1.3	1.2	2	2	2.5	2.3		3.4	0.5	
Pyelonephr. Lo K&NA	TNS 15/kg			2.3	2.8	3.4	3.4	3.7	3.9	3.8	0.5
Pneumonia	TNS 15/kg	2.50	2.4	1.9	2.1	2.6	2.6	2.9	2.8	2.6	0.5
RDS Flu B Pneumonia	TNS 15/kg			1.5	2.7	3	3.5	3.2	3.5	3.5	1.2
MOF Cholera Mycopl	TNS 15/kg	2.30	2.1	2.3	2.3	9	3.2	2.9	2.9	2.9	0.7
Esoph atr Acid Pneum	TNS 15/kg	2.2	2.1	1.9	2.4	2.6	2.5				0.5
Lap colectomy	TNS 15/kg	3.40	2	1.9	2.1	3.1	2.7	2.8	3.6	3.1	1
SBO	TNS 15/kg	3.80	2.4	2.4	2.9	3.9	3.5	3.7	3.6	3.6	1
pneumonia thorocost	TNS 15/kg			1.7	2.5	2.6	3.3	3.1	2.9	0.8	1.3
pneumonia	TNS 15/kg	2.9	2.5	2.6	3.9	4.3	4.3				0.7
acute resp failure	TNS 15/kg	2.1	2	2.3	3	3.1	3	3.1	3.9	3.8	0.8
Diabetes Insip-GT	TNS 15/kg	2.30	2.3	2.5	2.5	3.3	3.1	3	3.9	3.8	0.7
RDS pleu eff chest tub	TNS 15/kg	3.10	2.5	2.1	2.2	2.7					0.5
s/p gt fundo hypovolem	TNS 15/kg	2.30	2.3	2.5	2.5	3.3	3.1	3	2.9	2.8	0.8
average		2.61	2.4	2.01	1.91	2.8	3.03	3.17	3.1	3.1	0.7
averagechange level		1.90	1.3		1.1	2.4	2.3	2.5	2.7	2.8	1.7
Range		3.80	3.9		2.9	3.9	4.3	4.3	3.9	3.6	

Change in Albumin levels in 24/25 24 patients treated No changes in electrolytes or renal function
No problems with fluid overload
No Allergic or other problems
Provides volume without Edema

Figure 1



Conclusion

24 consecutive patients admitted to a pediatric intensive care with serum albumin levels less than 2.5g per cent were created with a novel protein infusion of 5% albumin 2% amino acids in normal saline add a volume of 15 ML per kilogram each given 3 doses approximately 8 hours apart. All patients tolerated this fluid infusion without any distress. Patient weight and intake and output were not adequately recorded to be included in this paper. All patients were discharged by four days post infusion satisfactory clinical basis.

Comment

This report opens a new area of physiologic actions that has been almost completely neglected. The lack of study is largely due to the absence of any product that showed physiologic effect could be used for research. Albumin has long been recognized as an important factor in human disease but all studies were until now quite futile. In the USA FDA changes allowed clinical use for physician’s patients and thereby permitted clinical observations and this report. Local rules and regulations apply to all other designations.

This is the most exciting discovery available to the practicing physicians everywhere.

The name of the albumin product is along the pattern of other named fluids after their inventors e.g. Ringer’s and Hartmanns’s. The Norberg Solution (TNS) is the named product.