266
First Report of Anaphylactic Shock Caused by the Ingestion of Mite-Infested Flour in Panama

Olga Melcina Barrera de Pino, MD,1 Ingrid Murgas Entomologist,2 and Roberto J. Miranda2. 1Institute of Pneumology and Allergy, San Fernando Hospital, Panama City, Panama; 2Gorgas Memorial Institute, Panama City, Panama.

Background: To report the first case of an anaphylactic shock, almost lethal, in the Republic of Panama, produced by ingestion of pancakes contaminated by mites.

Methods: A 21 year-old male patient was evaluated due to an anaphylactic shock after the ingestion of pancakes, eggs and milk. The patient had a background of a moderate allergic rhinitis. Not asthma. Skin prick test was performed on the patient with standardized extract of mites and food items, including, flour, milk and egg. After twenty minutes the results were read and considered positive since the wheal was 2 mm larger than the control (histamine 1 mg/mL). The Total IgE was determined by the chemiluminescence method. The determination of the specific IgE for mites and food was performed by the enzyme immunoassay technique. The counting and identification of the mites in the Pancake samples that were eaten by the patient were placed in a microscopic slide using a Hoyer medium and analyzed in a stereomicroscope.

Results: The skin prick test performed was considered positive for Blomia tropicalis, Dermatophagoides pteronyssinus and negative for flour, milk and egg. The total IgE was increased and the specific IgE resulted positive for Dermatophagoides pteronyssinus and Blomia tropicalis, but negative for flour, egg and milk. The microscopic examination of the pancake wheat flour showed 3 different species of mites: Blomia tropicalis, Blomia sp. and Dermatophagoides pteronyssinus, the first one in major proportion.

Conclusions: The anaphylactic shock of the patient was produced by the ingestion of a commercial pancake contaminated by mites to which the patient was sensitized. Flour kept in open containers becomes a fertile ground for the growth of mites in tropical climates. Allergic patients should be warned of the danger of anaphylaxis in such conditions.

REFERENCE

Sánchez-Borges M, Capriles-Hulet A, Caballero-Fonesca F; Oral mite anaphylaxis (pancake syndrome) also observed in children. Ann Allergy Asthma Immunol. 2006;96:755–756.

267
Recurrent Anaphylaxis in Cow Milk Allergy: What Is Wrong?

Marcela Asanuma Odair, MD,1 Deborah Gerald Rezende de Oliveira, MD,1 Leticia Aki Watanabe, MD,1 Andrea Keiko Fujinami Guhlken, MD,1 Ana Claudia Brandão, MD,1 Ângelo Carlos Pastornito, MD, PhD,1 Cristina Muki Abe Jacob, MD, PhD,1 and Ana Paula Beltran Moschiene Castro, MD, PhD1. 1Allergy and Immunology Unit, Pediatric Department, Hospital das Clínicas Faculdade de Medicina da, Universidade de São Paulo, São Paulo, Brazil; 2Instituto da Ciência da Faculdade de Medicina do Hospital das Clínicas da Universidade de São Paulo, São Paulo, Brazil.

Background: Food allergens are one of the most important triggers of anaphylaxis in pediatric population and all efforts must be done to avoid new episodes.

Objective: To determine some factors associated to recurrent anaphylaxis induced by cow’s milk (CM) in pediatric patients with a previous anaphylactic episodes.

Methods: This is a retrospective study based on medical records from all CM anaphylactic patients, from a Brazilian reference center for food allergy. The anaphylaxis criterion used was based on the Second symposium on the definition and management of anaphylaxis. Patients and parents had received orientation regarding prevention of new episodes, including information about hidden allergens, label reading, and synonymous terms.

Results: It was included 53 patients (33M: 20F), median age of the first episode of anaphylaxis was 6 months (range 1–87 month) and in 56. 6% the first episode occurred until the age of 6 months. Fifty episodes were observed in 22 patients during the follow up. Twelve patients presented 2 or more episodes and 2 patients presented 6 episodes. It was not possible to detect the trigger food in 17 episodes and these situations were related to ingestion of: appetizers (4), margarine (3), bread (2), pizza (2), juice with casein (1), pasta (1), cake (1), chips (1), Italian sausage (1). Two episodes were challenged by accidentally skin contact and 2 by inhalation. Among the settings of episodes, the majority occurred at home. Other places included: school, restaurants and bakery.

Conclusions: This study showed that it is very difficult to reach success only with the orientations regarding anaphylaxis prevention. It is necessary to betake of other strategies to improve the measure to avoid new episodes of anaphylaxis such as: folders, visual media and interactive activities. Furthermore, the continuous education is essential to reinforce the knowledge.

268
Epidemiology of Anaphylaxis in Adults Treated in the Emergency Department, of the University Hospital of Monterrey n.l Mexico, During 2005–2010

Maricruz Calva, MD,1 Sandra González-Díaz, MD, PhD,1,2 Alfredo Arias-Cruz, MD,1 Alejandra Macías-Weinmann, MD,1 Lucía Leal, MD, PhD,1 Arya González, MD,1 Claudia Gallego, MD,1 Diego Garcia-Calderín, MD,1 Karla Mejia, MD,1 and Luis Domínguez, MD,1 1Regional Centre of Allergy and Clinical Immunology, University Hospital, Monterrey, Mexico; 2Regional allergy center, University California San Diego, Monterrey, CA, Mexico.

Background: The risk of anaphylaxis ranges from 0.2 to 0.7%. The objective of this study was to describe the causes, clinical features and complications of patients with anaphylaxis treated in the emergency department of our hospital.

Materials and Methods: A prospective, observational and descriptive survey was conducted for assessing adult patients with a diagnosis of anaphylaxis from March 2005 to 2010. Information was obtained from the medical records and from a questionnaire was that completed for the patients and a relative. The information included, triggers, demographics, allergy history and clinical characteristics of the current episode. All the cases were followed to their outcome.

Results: We documented 45 cases of anaphylaxis. 26 patients (58%) were male. The most common causes of anaphylaxis were: drug (49%) food (20%) and poison hymenoptera venom (16%). The most common clinical signs and symptoms included: dyspnea (69%), nausea (58%) and hypotension (56%). 44% of patients came to emergency departments in the course of 30 minutes after onset of symptoms while the 29% took 30 minutes to 1 hour and 27% more than 1 hour. Among the associated diseases, hypertension was 13% and rhinitis (11%). In 85% of the cases, patients remained under observation for 3 to 12 hours were the most frequent discharged. 7 patients were hospitalized and 4 sent to intensive care later were discharged without complications.