Dear Editor,

In recent years, contrast materials (CMs) are widely used in the patients to whom imaging methods are applied for diagnosis and treatment as a consequence of the increase observed in the utilization of computed tomography. Short-term and long-term side effects and even death are seen depending on the utilization of iodinated CM. Contrast-induced nephropathy (CIN) is the most significant side effect of those media. Acute allergic reactions are the complications which are known to develop after the utilization of intravenous CM, and they may cause mild symptoms such as urticaria and itching, or they may result in severe outcomes such as cardiopulmonary arrest and death.

A total of 1463 patients were scanned retrospectively. In 13 (0.88%) of 1463 patients, allergic reaction developed, and in 37 (9.39%) of the patients included in the CIN group (394 patients), CIN developed.

There is no specific treatment for CIN; however, hemodialysis can be used if clinically necessary. Many treatments such as hydration, sodium bicarbonate, theophylline, N-acetyl cysteine (NAC), ascorbic acid, and adenosine antagonists have been tried for prevention of CIN. The most effective method for preventing CIN is adequate hydration.

When prophylactic implementations were analyzed after CM application in the emergency department, statistically significant difference was determined in CIN development rates between the groups according to the distribution of hydration supply rates ($P < 0.05$). Statistically, significant difference was not recorded between the groups in terms of NAC ($P > 0.05$).

CIN risk factors should be taken into account in every procedure in which CM is administered to the patient, and necessary CIN minimizing protocols such as hydration should be applied for the patients who are under risk. CIN development is related to the physical and chemical properties and the amount of CM as well as the risk factors of the patients. The treatments of the patients developing CIN result in social and economic burdens due to the need for chronic hemodialysis, prolonged hospitalization, delay in the implementation of surgical and preventive procedures, and/or intensive care follow-ups, and an increase may be even seen in the mortality rate. It should be remembered that (1) CM implementation may trigger allergic reactions, (2) it may cause life-threatening situations such as anaphylaxis, (3) these situations prolong the duration of hospitalization and the treatment period, and (4) they may result in additional costs.

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Dear Editor,

A 37-year-old man presented to the Emergency Department complaining of worsening right “rib pain” for 4 months. The patient had sustained right-sided rib fractures 2 years prior to a high-velocity motor vehicle collision. The physical examination was significant only for mild tenderness over the right lateral thorax without any obvious swelling or deformity. The patient’s vital signs in the Emergency Department included a temperature of 97.2, heart rate of 68, blood pressure of 129/76, respiratory rate of 20, and oxygen saturation of 99% on room air. Chest radiography was shown in Figure 1. Computed tomography (CT) scan confirmed the mass to be a liver segment herniated through the right diaphragm [Figure 2].

The patient was evaluated by the trauma surgery service, which referred the patient to their outpatient clinic for operative planning. Diaphragmatic rupture secondary to trauma is potentially fatal and occurs in 0.8%–5% of patients who suffer thoracoabdominal trauma. [1] The majority of hernias that result from diaphragmatic injury are left-sided, likely secondary to the relative protection of the right diaphragm by the liver.

Initial diagnosis is often missed in the acute setting due to the presence of severe coexisting injuries and the asymptomatic nature of diaphragmatic injuries. Up to 30% of diaphragmatic hernias present late. [2] There are three phases used to describe the presentation of diaphragmatic rupture: acute, latent, and obstructive. [3] The acute phase occurs during the recovery time from the initial injury.

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