lone 20 mg. in five days, and the total dose of Medrol® 82 mg. in eight days. The patient in the case reported by Danish and Landman was in hospital 23 days and during that time received 364 mg. of triamcinolone and 220 units of ACTH.

ADDENDUM

On April 11, 1961, this patient was again seen because of epigastric burning of three weeks' duration. An upper gastrointestinal series revealed a deformity of the duodenal bulb with a small active superficial ulceration. A bland diet and prescription of anti-acid preparations and sedation resulted in a complete disappearance of ulcer symptoms.

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REFERENCE

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Anaphylactic Reactions to Chymotrypsin
A Report of Two Cases

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The use of proteolytic enzymes has been advocated as an adjunct in the treatment of many diseases. Aqueous chymotrypsin (Chymar® aqueous) is one of the more commonly used preparations. According to the manufacturer, it is useful in local inflammation, edema and pain, blood and lymph effusions in accidental injuries, phlebitis, thrombophlebitis, cellulitis, hernia repair, tonsillectomy, hemorrhoidectomy, plastic operations and other surgical procedures; respiratory tract conditions, obstetrical and gynecological disorders including pelvic inflammatory disease, postpartum breast engorgement, episiotomy; ocular conditions, chronic ulcers, stasis varicose, diabietic types.

Recently anaphylactic reactions to chymotrypsin injections have been reported. We recently observed rather severe reaction to injected aqueous chymotrypsin in two cases.

REPORTS OF CASES

Case 1. A 64-year-old white man had extensive operation for radical removal of a squamous cell carcinoma of the right tonsil on March 1, 1960. Postoperatively he received Chymar®, 1 cc. intramuscularly every 8 hours for four days, without untoward results.

On July 26, 1960, the patient had a resection of the right carotid artery for an aneurysm. A Dacron® tube was placed between the common carotid artery and internal carotid artery, and again the patient received Chymar®, 1 cc. intramuscularly every 12 hours for six days, with no untoward results. On November 2, 1960, the graft having failed, the Dacron® tube was removed. Chymar® was again administered. The first dose of 1 cc. was given intramuscularly at 9:30 a.m. By 9:45 a.m. the patient had become cyanotic, sweaty, dyspneic and extremely apprehensive. The pulse rate was 140 per minute. Moist rales were heard throughout both lung fields. A reaction to Chymar® was suspected, and 0.2 cc. of 1:1000 epinephrine hydrochloride was given hypodermically, 50 mg. of hydrocortisone sodium succinate (Solu-Cortef®) was given intravenously and 200 mg. of hydrocortisone sodium succinate was placed in 500 cc. of 5 per cent dextrose in water and this was infused by intravenous drip. The symptoms subsided completely. The dosage of hydrocortisone sodium succinate was then gradually decreased over the next five days.

This patient had no previous history of allergic sensitivity to anything.

Case 2. The patient, a 60-year-old Negro man, had no history of previous allergic disease or of having received Chymar® injections. High ligation and stripping of the right greater saphenous venous system was carried out October 7, 1960. Chymar®, 1 cc. intramuscularly twice a day, was prescribed and on the following day at 9:15 a.m. 1 cc. was given intramuscularly. Almost immediately dyspnea, wheezing and a diffuse itching urticaria developed. The pulse rate was 140 per minute. The patient was in obvious distress. Epinephrine hydrochloride, 0.5 cc. in 1:1000 solution, was given hypodermically and 100 mg. of hydrocortisone sodium succinate in 500 cc. of 5 per cent dextrose in water was given as a slow intravenous drip. The symptoms of hypersensitivity reaction abated and the dosage of hydrocortisone sodium succinate was gradually reduced over the succeeding five days.

SUMMARY

Two patients under quite different circumstances had rather severe reactions to intramuscular administration of aqueous chymotrypsin. The first patient had had several previous injections before a reaction developed. The second patient had no history of previous injections of chymotrypsin. Therapy with epinephrine and hydrocortisone sodium succinate abated the symptoms in both instances.

REFERENCES

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