Abstracts

initiated dupilumab treatment due to previous treatment failure; nearly half of the patients had received a systemic treatment within 12 months prior to dupilumab initiation.

P11: CLINICAL OUTCOMES FROM A SINGLE CENTRE COVID-19 VACCINE ALLERGY SERVICE
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Introduction: Immediate hypersensitivity to COVID-19 vaccination is rare but remains a concern for clinicians and patients, particularly those felt to be at increased risk of vaccine allergy.

Method: Data was analysed from patients referred to the COVID-19 Vaccine Allergy Clinic at Campbelltown Hospital from June 2021 to May 2022. Most referred patients underwent skin testing (SPT) to the Pfizer Comirnaty and AstraZeneca Vaxzevria COVID-19 vaccines as well as polyethylene glycol (PEG) and polysorbate-80 excipients. Patients subsequently received COVID-19 vaccination in the community, or as a supervised dose in the clinic from September 2021 onwards, with clinical outcomes collected.

Results: 92 patients were assessed; 42 for suspected hypersensitivity to a previous COVID-19 vaccine (almost exclusively Comirnaty vaccine), 29 for adverse events following other non-COVID vaccines, 13 for allergy to PEG containing medications and 8 for other indications. At least one positive skin test was observed in 23 out of the 85 patients (26%) that underwent SPT with no significant differences in the rate of SPT positivity between referral subgroups. Follow up data was available for 82 patients. 61 out of the 82 patients subsequently underwent COVID-19 vaccination including 34 supervised doses in the clinic. All but one of the patients with positive SPT results tolerated vaccination and no immediate hypersensitivity was observed to any of the supervised clinic vaccine doses. Notably, no patients with suspected hypersensitivity to the first dose of the Comirnaty vaccine or allergy to PEG containing medications (23 and 7 patients respectively) that subsequently received Comirnaty vaccination developed immediate hypersensitivity.

Conclusion: COVID-19 vaccination was tolerated in nearly all individuals referred to our clinic, regardless of skin testing results. Our data supports supervised vaccination of patients felt to be at increased risk of immediate hypersensitivity to COVID-19 vaccines, including those with adverse events to previous COVID-19 vaccination.

P12: PREVALENCE OF IODINATED CONTRAST MEDIA ADVERSE DRUG REACTIONS AND THE ROLE OF GLUCOCORTICOSTEROID PRE-MEDICATION – AN OBSERVATIONAL STUDY
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Introduction: Adverse drug reactions to iodinated contrast media (ICM) can cause significant morbidity. The role of glucocorticosteroid pre-medication in attenuating such reactions remains unclear. Our objectives are twofold. Firstly, to identify the local prevalence of ICM adverse reactions. Secondly, to evaluate the impact of pre-medication in preventing moderate to severe reactions.

Method: A retrospective observational study of patients undergoing computed tomography (CT) scan with low-osmolar ICM in a tertiary academic medical centre was performed. Data comprising patients’ demographics, co-morbidities, type of contrast, pre-medication, type and severity of reaction, treatment and outcome were analysed. Severity of reactions was assessed using American College of Radiology criteria. Fisher’s exact test was used to evaluate the association of 2 categorical variables. For continuous variables, either a two-sample t-test or Wilcoxon Rank Sum Test was used to compare differences between mild and moderate-severe reactions.

Results: From January 2020 to April 2022, 186579 patients underwent CT imaging with ICM in our centre. Acute reactions occurring within 4 hours post contrast administration were observed in 226 patients. The prevalence of ICM reactions was 0.12% with a slight female predominance (62.4%, n = 133). Mean age was 54.4 years (standard deviation 14.6). 92.1% (n = 197) of observed reactions were mild, 7.0% (n = 15) were moderate and 0.9% (n = 2) were severe. All patients with prior contrast reactions developed only mild reactions, regardless of pre-medication. There were no significant differences in patient demographics among those who experienced mild reactions compared to moderate-severe reactions. All patients with severe reactions had no prior risk factors of interest (pre-existing asthma, drug allergy labels, beta-blocker use). There was no association between pre-medication and development of moderate and severe reactions (p > 0.99).

Conclusion: The local prevalence of ICM reactions is low and severe adverse reactions are rare. There is no association between pre-medication and the severity of ICM reactions.

P13: PROBABLE CALCIUM CHANNEL BLOCKER INDUCED ANGIOEDEMA REQUIRING INTUBATION
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Introduction: Angioedema accounts for 1/1000 Emergency Department visits. Intubation is required uncommonly. Fatalities from upper airway obstruction occur rarely. Angiotensin Converting Enzyme (ACE) inhibitors and Angiotensin Receptor Blockers (ARBs) are recognized drug-induced causes of angioedema. Sporadic reports of calcium channel blockers (CCBs) provoking angioedema exist. Recently, data quantifying the risk of intubation in patients with CCB-induced angioedema was published. We report a case of angioedema probably due to a CCB wherein intubation was required.

Case report: An 84 year old female taking amlopidine and moxonidine for hypertension, had recurrent angioedema involving tongue and neck on 5–6 occasions, before an acute episode of tongue swelling and cervical swelling which failed to respond to IM adrenaline and icatibant, requiring urgent intubation to maintain an airway. C1 inhibitor concentrate (Berinert®) 1800U was administered at 39 hours for slow resolution. A further episode after cessation of moxonidine one week later affecting neck and tongue appeared to abort when 1800U of Berinert was administered. No further episodes observed after prazosin substituted for amlopidine.

Results:
Laboratory: C1 inhibitor level 294 (NR 440) and function >86% (NR > 67.99); normal.
Factor XII and SERPING 1 gene analysis: normal. Plasminogen (PLG), Angiopoietin-1 (ANGPT1), kininogen-1 (KNG1), myofelin (MYOF) genetic analysis unavailable. ImmunoCap testing for all temporally relevant al allergens: negative.

Adverse Event Review: Angioedema due to CCBs occurs in 6%. No report of angioedema per se has been made in Australia (Database of Adverse Event Notifications [DAEN]) at 6.7.22. Three cases of “anaphylaxis” have been notified (DAEN), however. No case moxonidine-induced angioedema DAEN reported and no case of intubation recorded in literature.

Conclusions: This case report alerts us to the potential for life-threatening angioedema with CCBs. Further data are required to assess which treatments may prevent intubation.

References
1 Carrillo-Martin I., et al. 2020.
2 Martinez Manzano J., et al. 2021.

P14: PENICILLIN CHALLENGES – A 5 YEAR REVIEW OF PENICILLIN DE-LABELLING IN A TERTIARY CENTRE
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