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A PERIOPERATIVE ANAPHYLACTIC REACTION CAUSED BY LATEX IN A PATIENT WITH NO HISTORY OF ALLERGY

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Abstract:
Objective: *To evaluate a perioperative anaphylactic reaction caused by latex in a patient with no history of allergy.*
Place and Time of study: *Allied Hospital, Faisalabad in 2018.*
Methodology: *Latex is a standout amongst the most widely recognized reasons for intraoperative anaphylactic responses. Latex hypersensitivity may prompt significant horribleness and even may here and there be deadly. Amid a careful activity of a multiyear old male, for the expulsion of an original vesicular pimple under general anaesthesia, abrupt appearance of great indications of an anaphylactic response, for example, skin emissions, hypoxemia, hypotension, flushing, oedema and bronchospasm cautioned us. Antihistaminic, steroids and adrenaline were directed. It was expected that the most conceivable reason for this anaphylactic response could have been latex. In this manner, all latex gloves being used were changed to latex free ones. The kid recouped and following 24 hours of perception in the emergency unit, (he was moved to urology centre).*
Key Words: *Anaphylactic Reaction, Perioperative, Allergy, Intraoperative, Horribleness, Expulsion, Anesthesia, Steroids and Latex.*

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INTRODUCTION:

Hypersensitivity is an extreme, perilous, excessive touchiness reaction [1]. During the ongoing years, anaphylactic responses amid anaesthesia have turned into a typical issue and are known to have caused passing's in roughly 2% of the affected cases [1, 2]. Latex is a standout amongst the most well-known reasons for intraoperative anaphylactic reactions [3]. Anesthesiologists, in the same way as other different doctors who frequently use latex gloves, may likewise wind up sharpened to latex [4], and instances of incapacity of medicinal services experts in light of latex sensitivity have been reported [5]. Patients with latex sensitivity can be a test for the anesthesiologists and the specialists amid the preoperative period [6]. We report an instance of anaphylactic response brought about by latex in a patient, who had no past history of any sensitivity.

RESULT:

A 19 years of age, 65 kg male was conceded for extraction of an original vesicular blister. The patient gave no history of any known hypersensitivity amid preoperative analgesic assessment and his preoperative physical examination was unremarkable. Upon the arrival of medical procedure, he was moved to the working room, and standard checking, for example, electrocardiography, noninvasive circulatory strain screen, beat oximetry (SpO^2), and end-tidal capnography connected. Intravenous lines were verified. General anaesthesia was instigated with fentanyl 0.05/kg, rocuronium 0.5 mg/kg, thiopentone sodium 0.7 mg/kg and kept up with 4% desflurane in O2 and N^2O. The patient was hemodynamically steady toward the beginning of the task, with a pulse of 120/70 mmHg and pulse at 85 breaths/min. After five minutes from the acceptance, abrupt appearance of skin ejections was noted. Inj. dexamethasone 8 mg and chlorphenoxamine 10 mg were controlled intravenously. The reason for that unfavourably susceptible response was vague at the time. The ejections bit by bit lessened and afterwards cleared. Following a couple of minutes of the inception of surgery, skin emissions repeated. The fundamental indications of the patient stayed stable until SpO^2 dropped to 92%. He was ventilated with 100% O^2 and desflurane was turned off. The circulatory strain by then was 70/40 mmHg. On auscultation of the chest, rhonchi were heard everywhere. The skin emissions included entire of the body and periorbital angioedema were seen. It was expected that the most conceivable reason for the anaphylactic response could be latex. Right away, all latex gloves being used were changed with latex free ones. Inj. dexamethasone 8 mg was rehashed, and methylprednisolone 1 mg/kg IV was given. Inj. adrenaline 0.1 mg and inj. aminophylline 5 mg/kg was infused through IV course. Blood gas examination uncovered respiratory acidosis around then. Following 10 minutes, all signs came back to ordinary. After a report 10 minutes, all signs came back to typical. After a report of ordinary blood vessel blood gas esteems and resumption of satisfactory unconstrained ventilator exertion, the patient was extubated. He was exchanged to ICU for perception for 24 hours. The group of the patient was met again after the activity and they showed that the patient had periorbital oedema and a few emissions when he to blow elastic inflatables amid his adolescence. Every essential indication of patient stayed typical amid the postoperative period and he was then exchanged to urology centre.

DISCUSSION:

There are different reasons for hypersensitivity in connection to anaesthesia and medical procedure; neuromuscular blocking operators, latex and anti-infection agents being the most well-known causes in that order [7]. There is an assortment of products utilized in our normal life for example gloves, inflatable's and condoms, just as numerous therapeutic items, which are made of latex and might be a wellspring of unfavourably susceptible and anaphylactic responses. There has been an expanded rate of unfavourably susceptible responses to latex amid surgery [8, 9]. Where the most well-known source is careful gloves made of latex. Latex hypersensitivity is a sort I excessive touchiness response, an unfavourably susceptible response generally incited by re-introduction of the individual recently sharpened to an antigen like latex [10]. Skin responses, for example, erythematic or rash, upper aviation route side effects, angioedema, and gastrointestinal indications may show up. In extreme cases, anaphylactic response amid an activity might be shown by a few signs like bronchospasm, hypotension and tachycardia [11 – 13]. The present report portrays an ordinary anaphylactic response as showed by skin emissions, hypoxemia, hypotension, and periorbital edema. Preoperative examination of a patient must include an enquiry about any history of latex hypersensitivity. For this situation the patient gave no history of sensitivity, however postoperatively, his family admitted about a hypersensitivity scene. The consciousness of latex hypersensitivity is fundamental to keep away from a pointless increment in the horribleness and mortality of a developing populace of patients. It is likewise fundamental that anaesthesia professional, just as other medicinal services labourers, use without latex gloves or non-powdered gloves with little latex protein check to avert the refinement of patients and

social insurance specialists. Despite the fact that refinement does not generally prompt latex sensitivity, increasingly visit and delayed presentation to latex is probably going to build the number of instances of latex hypersensitivity and hypersensitivity. As of now, evasion of latex containing careful items and a without latex condition are compulsory being taken care of by sharpened patients.

CONCLUSION:

All in all, anesthesiologists shouldn't overlook the likelihood of any sort of hypersensitivity or hypersensitivity amid anaesthesia, regardless of whether there is no history of sensitivity and play it safe against a plausible anaphylactic response.

REFERENCES:

1. Kelly KJ, Walsh-kelly cm. latex allergy: a patient and a health care system emergency. Ann Emerg 72 Anaesth, pain & intensive care; vol 16(1) Jan-Apr 2012 anaphylactic reaction by latex 73anaesth, pain & intensive care; vol 16(1) Jan-Apr 2012 case report Med 1998; 32: 723-729.
2. Johnson RF, Emilio BL, James BE. Perioperative Management of a Patient with Latex Allergy Undergoing Heart Transplantation. Anesth Analg 1998; 87: 304-305.
3. Mertes PM, Laxenaire MC. Allergic reactions occurring during anaesthesia. Eur J Anaesthesiol 2002; 19: 240-262.
4. Vervloet D, Magnan A, Birnbaum J, Pradal M. Allergic emergencies seen in surgical suites. Clin Rev Allergy Immunol 1999; 17: 459-467.
5. Mertes PM, Laxenaire MC, Alla F. Anaphylactic and anaphylactoid reactions occurring during anaesthesia in France in 1999-2000. Anesthesiology 2003; 99: 536-545.
6. Lee MJ, Do SH, Na HS, Kim MH, Jeon YT, Hwang JW. Anaphylaxis caused by latex surgical gloves immediately after starting surgery -A case report-.Korean J Anesthesiol. 2010; 59: 99-102.
7. Heese A, Van Hintzenstern J, Peters KP, Koch HU, Hornstein OP. Allergic and irritant reactions to rubber gloves in medical health services. Spectrum, diagnostic approach and therapy. J Am Acad Dermatol 1991; 25: 831-9.
8. Charles BL, Hamilton RG, Yunginger JW. Occupational latex exposure: characteristics of contact and systemic reactions in 47 workers. J Allergy Clin Immunol 1994; 94: 12-8.
9. Inal MT, Memis D, Akın F, Sezer A. Allergic Reaction During Hydatid Cyst Operation: Case Report. Trakya Univ Tip Fak Derg 2008; 25: 238–240.
10. Harper NJ, Dixon T, Dugué P, Edgar DM, Fay A, Gooi HC et al. Suspected anaphylactic reactions associated with anaesthesia. Anaesthesia. 2009; 64: 199–211.
11. Greenberger PA, Rotskoff BD, Lifschultz B. Fatal anaphylaxis: postmortem findings and associated comorbid diseases. Ann Allergy Asthma Immunol 2007; 98: 252-257.
12. Lieberman P. Anaphylactic reactions during surgical and medical procedures. J Allergy Clin Immunol 2002; 110: 64–69.
13. Brown RH, Schauble JF, Hamilton RG. Prevalence of latex allergy among anesthesiologists: identification of sensitized but asymptomatic individuals. Anesthesiology 1998; 89: 287–289.