

Anaphylactic Shock and Multiple Allergies: A Complex Anesthesia Case in an Elderly Patient

Author and Affiliation

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Abstract

We report the case of a 70-year-old woman with hypertension and a history of pernicious anemia who experienced anaphylactic shock during a hysterectomy. Allergy assessments revealed a combined allergy to NSAIDs, penicillin, and neuromuscular blockers. This patient was scheduled for a partial nephrectomy due to a left renal cyst discovered incidentally, but the surgery was canceled following a multidisciplinary team meeting. This case highlights the challenges posed by multiple allergies in the anesthetic management of elderly patients.

Keywords

Anaphylactic shock, Multiple allergies, Anesthesia, nephrectomy, Pernicious anemia.

Main Article

Introduction

Drug allergies represent a significant challenge in clinical practice, particularly in elderly patients with comorbidities. The patient described is a 70-year-old woman with complex medical history, including hypertension managed with AMEP 5 mg and pernicious anemia treated with hydroxocobalamin 5000. She also has an atopic background with known allergies to NSAIDs, penicillin, and complex food allergies. Additionally, she underwent hysterectomy following conization for cervical tumors, during which she experienced anaphylactic shock.

Anaphylactic reactions during anesthesia are rare but can be fatal. Their incidence varies between 1 in 5,000 and 1 in 25,000 anesthetics [1]. Neuromuscular blockers account for approximately 62% of cases of anaphylaxis related to anesthesia [2][3]. The aim of this article is to analyze the clinical implications of multiple allergies on the anesthetic and surgical management of an elderly patient.

Methods

A comprehensive clinical evaluation was conducted for the patient, including a complete physical examination and detailed medical history. Allergy testing was performed to assess sensitivities to known medications and anesthetics. A multidisciplinary team consisting of a urologist, anesthesiologist, and allergist convened to discuss the possibility of performing a partial nephrectomy for an incidentally discovered left renal cyst without significant biological impact.

Allergy Assessments

Allergy testing confirmed a combined allergy to NSAIDs and penicillin, as well as new sensitization to neuromuscular blockers (Nimbex and Esmeron). These results underscore the importance of thorough allergy evaluations prior to any surgical intervention in at-risk patients [2][4].

Results

The evaluation of the renal cyst did not reveal any significant biological complications. However, due to the high risk of anaphylaxis during general anesthesia, the multidisciplinary team recommended cancelling the surgery. The incidence of perianesthetic allergic reactions is estimated at around 100 cases per million anesthetics in France [4].

Discussion

This case illustrates the clinical challenges associated with anesthesia in patients with multiple allergies. The literature emphasizes that anaphylactic reactions can occur even with commonly used medications in anesthesia. Elderly patients are particularly vulnerable due to their comorbidities and increased risk of complications [5][6].

A multidisciplinary approach is essential for assessing risks and making informed decisions regarding surgical interventions in these patients. Preoperative management should include a thorough evaluation of allergy history and meticulous planning to minimize risk [1][3].

Conclusion

The presented case highlights the importance of rigorous allergy assessments in elderly patients prior to any surgical intervention. Collaboration among various medical specialties is crucial to ensure patient safety. Recommendations should be established to improve the management of patients with complex allergic histories to reduce the risk of adverse events during surgical procedures.

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