

Seminar: Allergologie - Update 2014

Anaphylaxie: Ursache, Diagnostik und leitliniengerechte Therapie

*Prof. Dr. med. Margitta Worm,
Klinik für Dermatologie, Venerologie und Allergologie,
Charité Universitätsmedizin, Berlin*

Anaphylaxis is the most severe manifestation of mast cell dependent hypersensitivity reaction. It is characterised by a sudden onset and may result in even fatal reactions. The most frequent elicitors of anaphylaxis are food, venom and drugs. The profile of elicitors depends on several factors including age, the geographical region and individual exposure conditions.

The symptoms of anaphylaxis include skin, respiratory, cardiovascular and gastrointestinal manifestations, although skin involvement occurs most frequently.

The diagnosis of anaphylaxis is based on the clinical features and the sudden onset of symptoms. In addition skin prick tests but also specific IgE determinations might be useful to unravel the eliciting agent. Important coexisting diseases of anaphylaxis are allergic asthma bronchiale but also mastocytosis. Therefore an underlying mastocytosis in a given patient should be ruled out by measurements of tryptase levels in the serum.

The most important acute treatment measure of anaphylaxis is the early application of adrenaline intramuscularly. Antihistamines but also corticosteroids are in real life frequently given, however here it needs to be considered that the onset of efficacy may require up to 30 minutes whereas adrenaline given intramuscularly peaks after 8 minutes. Besides the pharmacological management in the acute situation long-term management programs are required. These include educational approaches to train patients but also parents of affected children regarding the usage of the emergency kit (adrenaline, antihistamine and corticosteroid) but also other aspects like psychological training or food avoidance strategies. In addition all patients who experienced an anaphylactic reaction should get an anaphylaxis ID card, which depicts the elicitor and if applicable e.g. in the case of drugs as elicitors providing information of alternative treatments. In case of venom induced anaphylaxis specific immunotherapy can be performed as a causal approach. After initiation of venom SIT patients are protected in up to 95%.

References

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