

AN UNUSUAL PRESENTATION OF ANAPHYLAXIS WITH SEVERE HYPERTENSION: A CASE REPORT

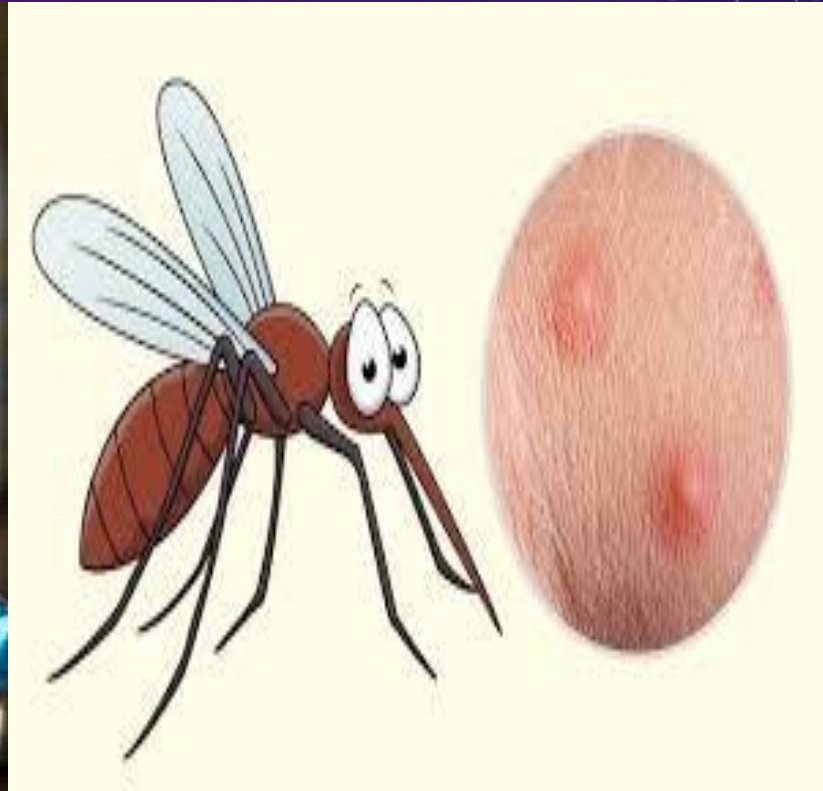


ریسک فاکتورهای آنافیلاکسی

- آنافیلاکسی به دلیل واکنش بیش از حد سیستم ایمنی بدن به یک آلرژن، اتفاق می افتد. آلرژن به هر ماده ای گفته می شود که فرد نسبت به آن آلرژی داشته باشد. آنافیلاکسی می تواند به شوک آنافیلاکسی منجر شود.
- درمان اولیه تزریق اپی نفرین است.
- مواد غذایی
- داروها
- سم
- عوامل خطر

ANAPHYLAXIS







Airway

Coughing, shortness of breath, wheezing, chest pain or tightness, tightening of throat, difficulty swallowing



Skin

Hives, swelling, itchiness, widespread redness, warmth



Brain

Anxiety, confusion, headache, feeling that something is about to happen



Heart

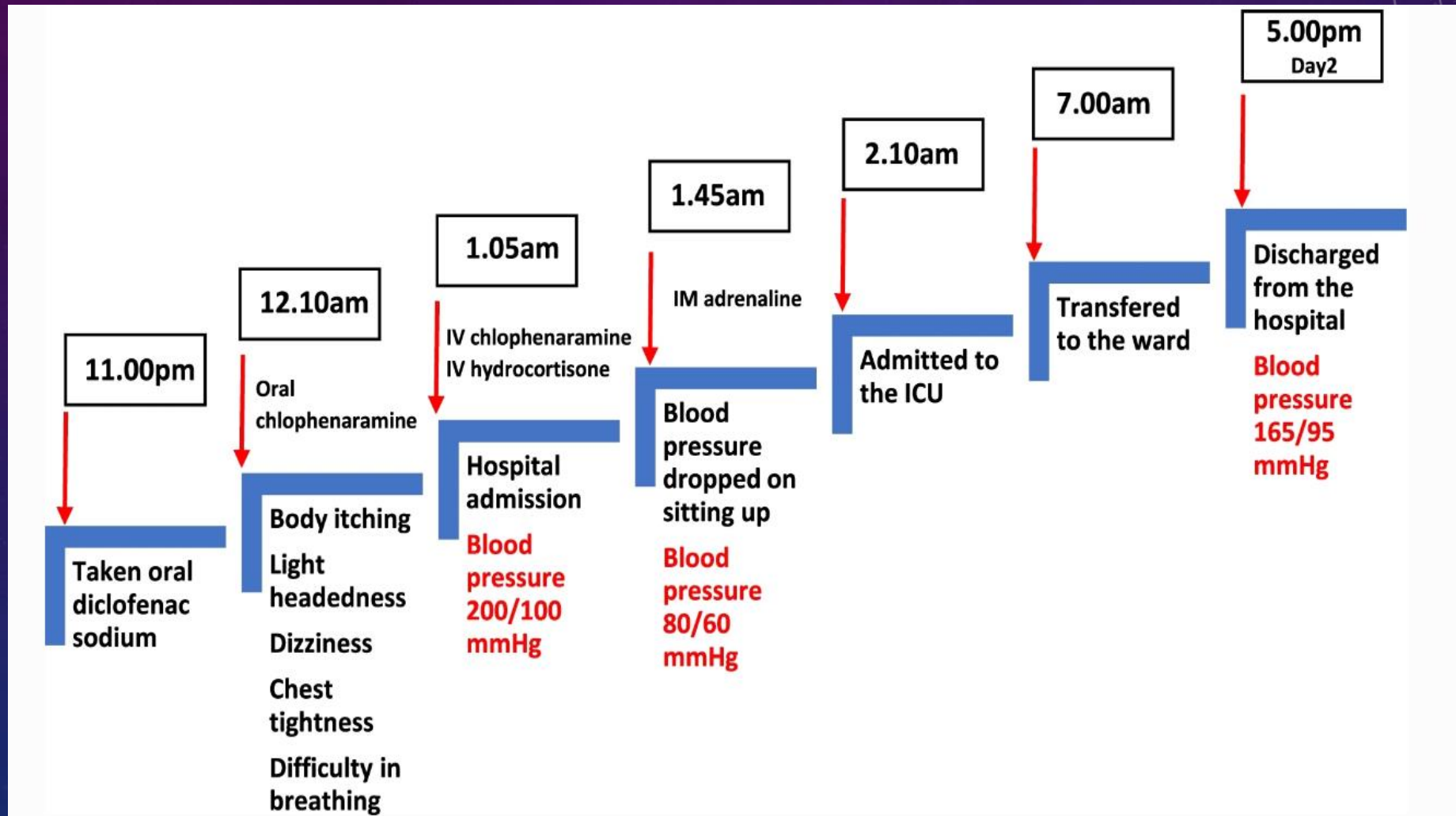
Faint, pale or blue color, dizziness, weak pulse, shock, loss of consciousness



Stomach

Nausea, vomiting, diarrhea, stomach pain or cramps

CASE PRESENTATION



داروها مورد استفاده هنگام ورود

هیدروکورتیزون

کلرفنیرامین

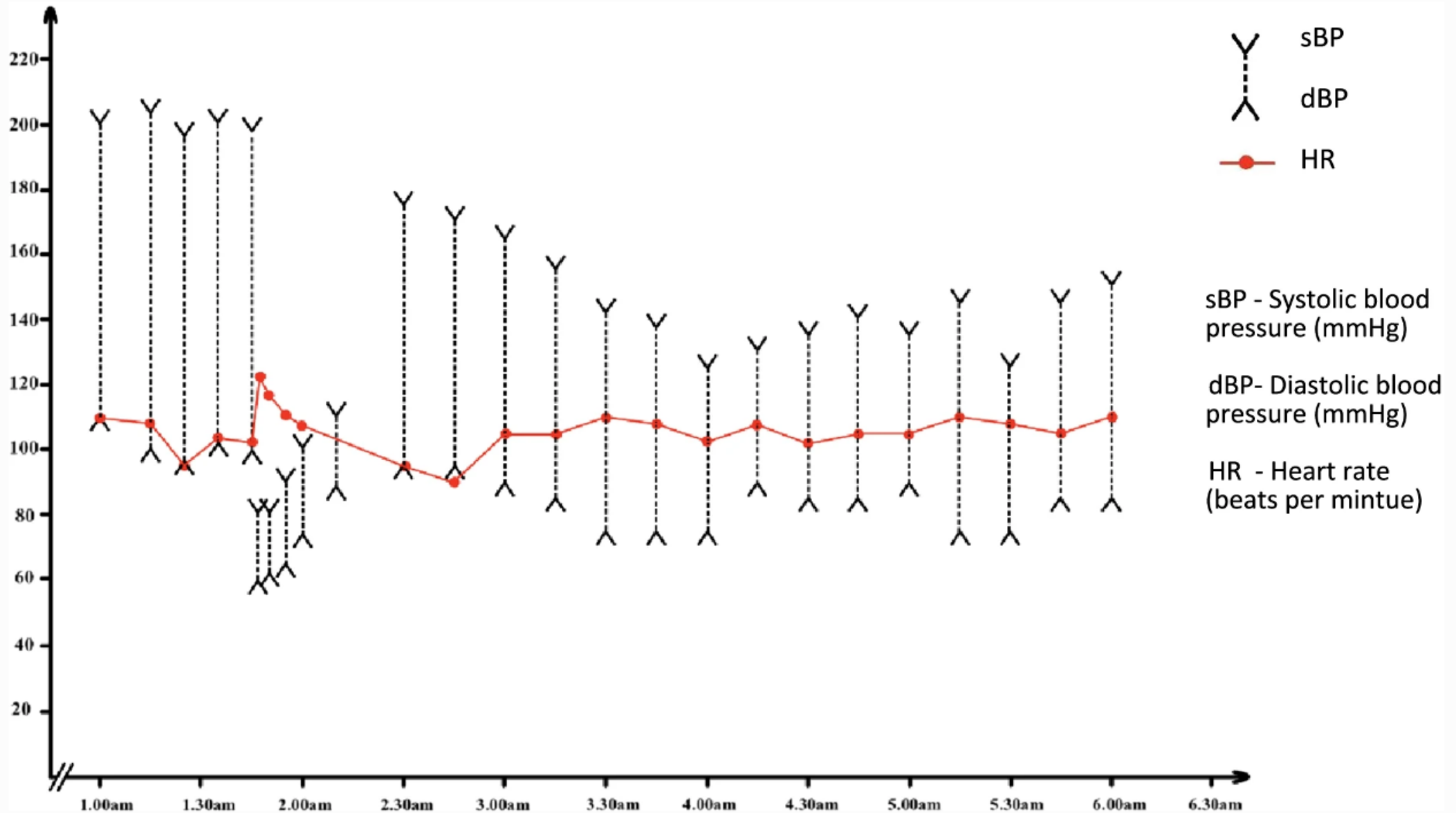
هنگام ورود به اورژانس

• 110P=

• 200/100BP=

• 16RR=

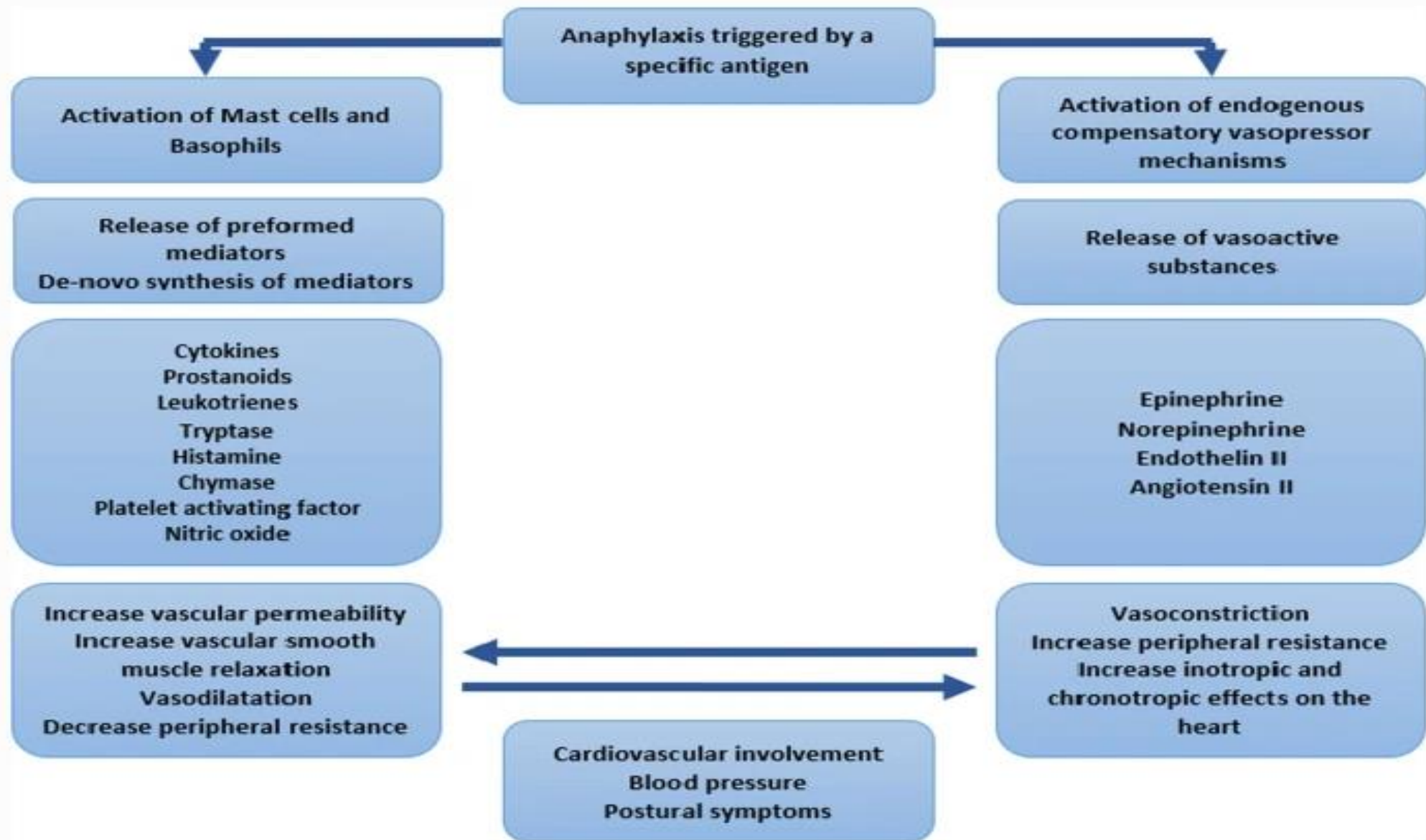
• 99=2Spo



Discharge:

diagnosis of anaphylaxis to diclofenac sodium SR (NSAIDs)
prescribed an adrenaline autoinjector for emergency use
previously undiagnosed hypertension(telmisartan 40 mg
and amlodipine 2.5 mg)

- Prompt recognition and early treatment with adrenaline are imperative for the appropriate management of anaphylaxis.
- Skin is the commonest organ involved in anaphylaxis (90% of episodes), followed by the respiratory system (70%). Cardiovascular system involvement is recognized among only 10–45% of patients.



- The safety of adrenaline administration in the presence of high blood pressure is an important concern. Adrenaline is the drug of choice in the management of anaphylaxis as laryngeal edema and vasodilatation are responsive only to adrenaline [3]. Both are life-threatening conditions, and a delay in administering adrenaline makes subsequent management difficult. On the other hand, adrenaline can give rise to extremely high blood pressure leading to intracranial hemorrhages and fatal arrhythmias

Anaphylaxis can present with normal, low, or elevated blood pressure. The scarcity of corroborating reports in the literature on anaphylaxis presenting with high blood pressure makes this entity unfamiliar to clinicians, leading to underdiagnosis and delayed treatment. Postural symptoms despite high blood pressure should alert the clinician to cardiovascular involvement, and close monitoring in the supine position is essential. Early treatment with adrenaline should be considered in these patients with extreme caution

با تشکر از توجه شما 