

Typical (uniphasic) immediate IgE-mediated anaphylaxis

A 25-year-old man, with known peanut allergy, felt extremely ill within five minutes of eating a curry in a city restaurant. He had eaten in the same restaurant before without any problems. His mouth and throat were immediately itchy, and he felt increasingly nauseous.

On this occasion he had forgotten to bring both his salbutamol inhaler and his adrenaline autoinjector device. He felt faint and was advised to lie down. Paramedics arrived 10 minutes later, by that time a global urticarial rash had developed, and the patient complained that his breathing was increasingly 'tight'.

Anaphylaxis, most likely due to accidental exposure to nuts, was diagnosed. An adult dose of adrenaline was administered intramuscularly midquadriceps (0.5 ml of 1/1,000 dilution), and nebulised salbutamol was given. Almost immediately the patient felt much better. He was now able to talk normally, and his peak expiratory flow (which had been immeasurable) was improving. Blood pressure readings before and after adrenaline were 60/0 mmHg and 90/60 mmHg respectively.

Although keen to go home, the patient was detained overnight for observation. He continued to improve and by two hours after the first symptoms seemed to have fully recovered. A new adrenaline autoinjector device was prescribed because of worries that the home device was out of date. Blood samples were taken for mast cell tryptase (MCT) testing at 2 hours, 4 hours, and immediately before discharge at 12 hours.

The patient was reminded of the importance of attending his booked appointment in the specialist allergy clinic within the next few weeks. MCT levels at 2 and 4 hours were markedly elevated supporting anaphylaxis. MCT had returned to normal in the 12-hour sample. Skin prick testing in a clinic setting confirmed sensitivity to almond and hazelnut in addition to peanut. The patient had not realised that he was allergic to several tree nuts in addition to peanut. He was now advised to avoid all nuts lifelong.

He was provided with a MedicAlert bracelet. The need for caution when eating out (especially after alcohol) was emphasised. Asthma review and follow-up in the asthma clinic was arranged. Daily inhaled steroid and improved inhaler technique led to improved peak expiratory flow rates. A written management plan was provided.