Follow-up of patients admitted for anaphylaxis – A tertiary hospital experience

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Background: Anaphylaxis is a severe and potentially life-threatening systemic hypersensitivity reaction and patients (pts) should be closely monitored. At discharge it’s important to assure follow-up in order to assess culprit(s) agent(s).

Aim: To characterize follow-up of pts admitted for anaphylaxis’s surveillance at the Imunoallergology Department.


Results: 144 pts were admitted for anaphylaxis in our department (57% female sex; mean age 44.8 years). 129 pts were referred for follow-up (remaining 15 had already follow-up in other centers). Investigation was started in 92 (37 missed first appointment). Suspected etiologies were: drugs(43; 3 during drug challenge or desensitization; >1 drug suspected in 2 pts), foods(36; 1 during oral food challenge; >1 food involved in 5 pts), foods or drugs(3), hymenoptera venom(1) and iodinated contrast media(ICM)(1). Etiology was unknown in 8 cases. Suspected drugs were betalactams(15), other antibiotics(6), nonsteroidal anti-inflammatory drugs(15), acetaminophen(4), local anesthetics(1), proton pump inhibitors(1) and angiotensin 2 receptor antagonists(1). The suspected drug was confirmed in 6 cases and excluded in 3; 12 pts are still under investigation and 22 were lost to follow-up. Suspected foods were fresh fruits(13), seafood(11), fish(3), nuts(4), milk(2), seeds(4), spice(2), wheat(2) and honey(1) – suspected etiology was confirmed in 24 cases, excluded in 9 and under investigation in 3; 7 cases were lost to follow-up. In 3 pts with both etiologies suspected, only one of them was confirmed for each(food-2;drug-1). The hymenoptera suspected by clinical history was wasp but we confirmed sensitization to polistes. The investigation in ICM reaction was negative. Regarding the 8 pts with unknown etiology, 4 are being studied, 3 were lost to follow-up and 1 revealed food allergy (LTP sensitization). Overall, from the 92 pts that came to a first appointment after hospital discharge, 42 have a confirmed anaphylaxis’s etiology; 32 pts were lost to follow-up.

Conclusion: Long-term management of patients who experienced anaphylaxis may be long and time-consuming but it’s crucial to identify the etiologic agent in order to avoid the culprit and minimize the risk of further reactions. In our cohort more than half of the pts doesn’t have a confirmed culprit allergen, mainly due to a high dropout rate.