

EAACI Clinical Fellowship 2020

Final Report

Name: THUC Thanh Huyen

Host institute: Department of respiratory medicine and allergy, hospital Arnaud de Villeneuve- CHU Montpellier, France

Home institute: Department of Allergy- Immunology- Rheumatology, National Children's hospital, Hanoi, Vietnam

Duration of fellowship: 3 months; from October to December 2020

Project title: The intensive way to approach, diagnose and manage children suspected of drug allergy.

It had not been a long time after I came to France, the epidemic broke out with the second wave. The influence of COVID can not be denied, but it is not so much in learning and practicing in term of allergy. With the great support of the host institute, I completed most of my targets and schedule which I proposed at the beginning and had a worthy internship.

A working day started at 8 o'clock and finished around 18h with difference tasks. I attended the clinic of Professor Pascal Demoly every Wednesday. To ensure social distancing, clinics were changed to telemedicine as much as possible. I learned the way he did the medical interview, analysed information, explained and persuaded patients. The communication was facilitated by both intellection and emotion, showed me the "art" in combination with the "science" of medicine. By making differential diagnosis such as chronic urticaria, unspecific reactions due to other causes non allergy..., patients avoided unnecessary tests. I also had occasions to participate in the clinics with doctor Anca Chiriac and doctor Jean-Luc Bourrain, two other senior doctors of the service. Tuesdays were scheduled for perioperative allergy clinic by doctor Chiriac. It took time to explore as many kinds of drugs were

used, required the detail from anesthesia records. The questionnaire she used is one of many things I can apply when coming back. The patient's medical history often has greater diagnostic value than either the physical examination or results of laboratory investigations.

After the consultation, patients were programmed to test and made appointment for a day hospital. There were from three to four days a week for drugs allergy, the remaining one to two days for food allergy. Sometimes the drug was suspected but it was actually the other cause, for example reactions in context of eating... So it is important for an allergist to have a comprehensive view, not only concentrate on drugs. I spent time in days hospital for food allergy and venin allergy too, and I observed how they do food desensitization which is perhaps less seen in other centers.

In average of having 10 patients a day, I saw around 500 cases during my internship, children were one third to one fourth. There were various medications tested including skin prick test, intradermal test, patch test, provocation test. It was the first time I took a part in a double-blind, placebo-controlled trial with drug. I got experience with the intradermal test delayed reaction uncommonly after 7 days, challenge test with gaps between and many other interesting cases. I learned the processing of diagnosis a patient suspected allergy to antibiotics, particularly betalactamines, NSAID, general and local anesthesia, chimio therapy, iodine radiocontrast and gadolinium contrast agents, other rarely such as heparin, clonal antibody, sulfite, conservators ... not only the procedures, but also surveillance and determine the results, management when reactions happen. Following the protocols do not mean rigidly, it depends on clinical and flexible change could be made if needed.

Before a day hospital, there were team meetings where the document of each patient was reviewed. Staff on responsibility that day discussed risk factors, made

agreement on the testing plan, concentration of skin tests, dose intervals, intravenous access or not... The department meetings were organised on Wednesday afternoon to consult complicated cases when multiple drugs involved or history of severe cutaneous reactions. People reported the interesting cases they saw during the week. Those were all good opportunities to learn from a “crew” who work very hard and professional.

More than that, I learned about doing epidemiological research on drugs allergy. Doctor Anca Chiriac introduced me to the database and guided me to analyse the children group. We found interesting manifestations difference to adult group. Weekly seminars were scheduled Monday mornings to present new researches and updated topics. Base on the understanding of drugs characteristics and the results of statistic studies that complement the clinical features, cases are there for analysed more scientifically and accurately.

I would like to say great thanks to Professor Pascal Demoly, Doctor Anca Chiriac, the nurses and other staff who always share their knowledge and experience to me, willing to answer my questions not only technical but also culture, social that help me know more about Western life besides professional skills. The end of the fellowship opens to me new plans in my career. I feel more passionate about allergology, inspire me to develop this speciality in Vietnam.

EAACI Clinical Fellowship brings a wonderful opportunity to the junior members to have practical experience. There are many things they do not teach us on book, no amount of reading can replace the experience. And as clinicians, practical skills can only be learned through doing. I hope that the program will be continued so more and more young doctors could be benefit.