HEB

A CHALLENGIBG CASE OF ANAPHYLACTIC SHOCK TO DEXTRAN-40 SUPERIMPOSED WITH HYPOVOLEMIC SHOCK

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INTRODUCTION

Dextran induced anaphylactic reaction (DIAR) attributed to administration of high molecular weight dextran is a known but infrequent complication. Timely recognition of the symptoms and signs of anaphylaxis and prompt management is the prerequisite for avoiding mortality or residual morbidity. The condition of the patient becomes worse if anaphylactic shock superimposed with hemorrhagic shock. Though there is very rare incidence of such superimposition, but once it happens then it becomes a real challenging task for the intensivists to manage the case.

We are presenting a case report where patient developed severe anaphylaxis reaction to dextran 40 infused for patency of microcirculation followed by hypovolemic shock due to surgical site bleeding and finally developed transfusion related acute lung injury (TRALI).

CASE 1

A 32 year old G6 P1041 presented to our institute at18+3 weeks witha fetal ultrasound showing echogenic areain

CASE REPORT

A 56-year-old male patient posted for debridement of large raw area over lower limb along with tissue grafting following traumatic fracture of tibia and fibula of right leg 15 days back. He had no history of any comorbid illness and no history of allergy to any medication or food. Patient had undergone operation twice, first time for platting of the fracture and second time for infection of the implant but no colloid or specifically dextran given during surgery or in ward as confirmed from the medical records. Preoperative vital and laboratory investigations were within normal limits except for hemoglobin, which was 9 gm %.

On the day of surgery patient shifted to the OT after cross matching of two unit of packed red blood cell PRBC. Intraoperatively all essential monitors attached, patient had HR-80/minutes, BP- 136/72 right arm supine and SPO2-99%. Preloading done with 1 0 ml/kg of ringer lactate and spinal anaesthesia with 2.5 ml of 0.5% bupivacaine heavy and 25 mcg of fentanyl given. Sensory and motor block was adequate with sensory effect up to T10 dermatome. Surgery went uneventful with 300-400 ml of blood loss and stable vals. Half an hour before completion

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