SUMMARY OF:
SEVERE ANAPHYLACTIC SHOCK WITHOUT EXANTHEMA IN A CASE OF UNKNOWN LATEX ALLERGY AND
REVIEW OF LITERATURE

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BACKGROUND
This is an investigative study of an 8-year-old boy who was undergoing elective surgery, and had a severe case of anaphylactic shock. The anaphylactic shock was caused by a latex allergy, which was not known by clinicians prior to surgery.

OVERVIEW
The incident of severe anaphylactic shock is 1:6000 under general anesthesia or 1:7741 in children. In children 76% of the anaphylaxis is related to latex and 95% is attributed to muscle relaxants. This case report looked at all factors at which health care workers, children, adults, and children with spina bifida come to be latex sensitive.

RESULTS
Children with Spina Bifida had a 72% chance of latex hypersensitivity. Children who underwent one or more operations before the age of 6 months had a 25% chance of latex hypersensitivity, people allergic to particular fruits, healthcare workers (physicians OR nurses, and Anesthesia with the highest) had anywhere from a 5-17% chance of latex allergy, and individuals who had experienced 8 or more surgical procedures had an increased risk to a natural latex allergy.

CONCLUSION
The 8-year-old child did not have a history of a latex sensitivity allergy, but was considered high risk due to the amount of surgical procedures he had endured. Although anaphylactic reactions are rare under anesthesia, latex allergies cause the majority of these events to occur and have a high incident of morbidity and mortality. Allergies to fruits also increase the potential for a latex allergy. Clinicians should have asked questions regarding food allergies and total surgeries undergone. It is strongly recommended that hospitals should look to only use latex-free protocols as their standard operating procedure.


This summary is written and provided by Ansell Healthcare Products LLC. Ansell Healthcare has attempted to summarize the published study as accurately as possible, but makes no representation to the accuracy of the summary. We refer the reader to the actual study for additional information.