948 Vitamin K Anaphylaxis Confirmed With Skin Test

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RATIONALE: Vitamin K (phytonadione) is one of the hemostatic agents that reverse warfarin activity, Vitamin K anaphylaxis is extremely rare and there is no case report that confirmed Vitamin K anaphylaxis with skin test. Here we report a case of vitamin K anaphylaxis confirmed with skin test.

METHODS: Skin prick test was performed with suspected causal drugs; vitamin K (1:1, 1:10 diluted solution) and tranexamic acid (1:1, 1:10 diluted solution).

RESULTS: 20-year-old male patient was administrated intravenously with vitamin K and tranexamic acid without any adverse reaction on the day of hemorrhoidectomy. Several minutes after the 2nd injection of the drugs on the next day, he felt whole body itching sensation and started to get urticaria, lip and laryngeal angioedema, dyspnea, and subsequently loss of consciousness and hypotension (SPr 50 mmHg). Skin test showed positive reactions to native vitamin K and 1:10 diluted vitamin K, and negative reactions to tranexamic acid with same concentrations. A provocation test with intravenous tranexamic acid was negative.

CONCLUSIONS: 20-year-old male patient was administrated intravenously with vitamin K and tranexamic acid without any adverse reaction on the day of hemorrhoidectomy. Several minutes after the 2nd injection of the drugs on the next day, he felt whole body itching sensation and started to get urticaria, lip and laryngeal angioedema, dyspnea, and subsequently loss of consciousness and hypotension (SPr 50 mmHg). Skin test showed positive reactions to native vitamin K and 1:10 diluted vitamin K, and negative reactions to tranexamic acid with same concentrations. A provocation test with intravenous tranexamic acid was negative.

949 Successful Rapid Induction Of Temporary Drug Tolerance To Colistimethate Sodium

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RATIONALE: In the cystic fibrosis (CF) population, use of colistin is increasingly common due to emergence of multi-drug resistant (MDR) gram negative infections; largely with Pseudomonas aeruginosa. Although immediate-type hypersensitivity to this medication is rare, in the CF population it may be more prevalent. We found only one case of a patient who was desensitized to intravenous (IV) colistin using a conservative protocol. Here we present a patient who completed a more rapid protocol for induction of temporary drug tolerance to colistimethate.

METHODS: Skin prick at 75mg/mL and intradermal testing at 0.25mg/mL was performed. To desensitize, we started with a 1:15,000 dilution of the therapeutic dose of 150mg (0.01mg), and doubled the dose of IV colistimethate every 15 minutes until the cumulative dose approximated the therapeutic dose.

RESULTS: Our patient is a 42 year old male with CF who recently underwent a bilateral lung transplant. Post transplant, he was found to have a MDR P. aeruginosa only susceptible to colistin. Twenty years prior, he developed diffuse hives 20 minutes into an infusion with IV colistin. Skin testing was negative, however given his history, we proceeded with desensitization. He completed the protocol without evidence of cutaneous or systemic symptoms.

CONCLUSIONS: Using a more aggressive protocol we were able to desensitize our patient in 3.5 hours compared to 5 hours in the previously published protocol. As the average life expectancy of CF patients increases, the likelihood of MDR infections requiring colistin will increase making a more aggressive desensitization protocol useful in allergic patients.

950 Anaphylactic Reaction During a Folfox Scheme Administration Secondary To Calcium Folinate: A Case Report

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RATIONALE: Calcium folinate has multiple medical uses, it can be used in synergistic combination with the chemotherapy agent 5-fluorouracil in treating colon cancer. There's no many cases of calcium folinate hypersensitivity reactions reported in the literature, either with or without positive skin tests.

METHODS: 66 years old women with colon adenocarcinoma, who was on her second chemotherapy scheme with oxaliplatin, 5-fluorouracil and calcium folinate. During her sixth administration of oxaliplatin and calcium folinate, she presented genitals, otic and scalp itching, followed by sneeze and malaise, reasons why the infusion was stopped, treating the symptoms and restarting the infusion tolerating it without reactions. The seventh administration was indicated and the patient presented the same set of symptoms, proceeding with the same protocol, but when the infusion was restarted, 30 minutes later she presented nausea and diaphoresis, stopping the infusion definitely. The patient was referred to our Allergy Division Desensitization Program and underwent risk assessment, skin testing and controlled challenge.

RESULTS: -Prick and intradermal test with oxaliplatin (0.5 mg/ml and 5 mg/ml) and calcium folinate (10 mg/ml), immediate reading: Negative.
-Total IgE and basal tryptase: Normal
- Calcium folinate controlled challenge: Positive.
- Oxaliplatin controlled challenge: Negative.

CONCLUSIONS: We report an anaphylactic reaction secondary to calcium folinate. Allergy reaction secondary to calcium folinate is infrequent and concomitant administration with oxaliplatin may acts as a confusion factor. Skin testing was negative for calcium folinate in this patient. However, cases of positive skin test have been reported, therefore we recommend to perform skin testing previous to controlled challenge.