



A Case Report On Anaphylactic Shock/Type - 1 Kounis Syndrome to Aceclofenac

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I. INTRODUCTION

Anaphylaxis is a common medical emergency and a life-threatening acute hypersensitivity reaction. It can be defined as a rapidly evolving, generalized, multi-system, allergic reaction. Without treatment, anaphylaxis is often fatal due to its rapid progression to respiratory collapse.

II. CASE REPORT

A 52-year-old female was brought to the Emergency with history of generalized weakness and one episode of vomiting since 2 hours. Problems identified in Primary survey were respiratory distress and shock. History revealed that the patient had taken one tablet of TAB.ACECLOFENAC 200mg (sustained release) about 2 hours prior to onset of symptoms, the

patient had developed sudden onset breathlessness, rashes all over the body, 2 episodes of vomiting, 2 episodes of loose stools and generalized weakness. The patient did not have any co-morbidities and was not on any regular medications. Systemic examination: -CVS: S1 S2+, RS: B/L NVBS ,CNS: conscious, oriented, Moving all the four limbs, P/A: soft, Non tender. On head-to-toe examination patient had flushing and puffiness of the face & swelling of the lips. ECG showed ST depressions in II, III, aVF V4-V6(Fig.1). Echocardiography was normal and Cardiac enzymes were within normal Limit. Patient was diagnosed to have Anaphylactic shock secondary to Aceclofenac and Type I Kounis syndrome. Patient was managed with 2 doses of INJ ADRENALINE 0.5MG IM, following which the patient's hemodynamics were stabilised.

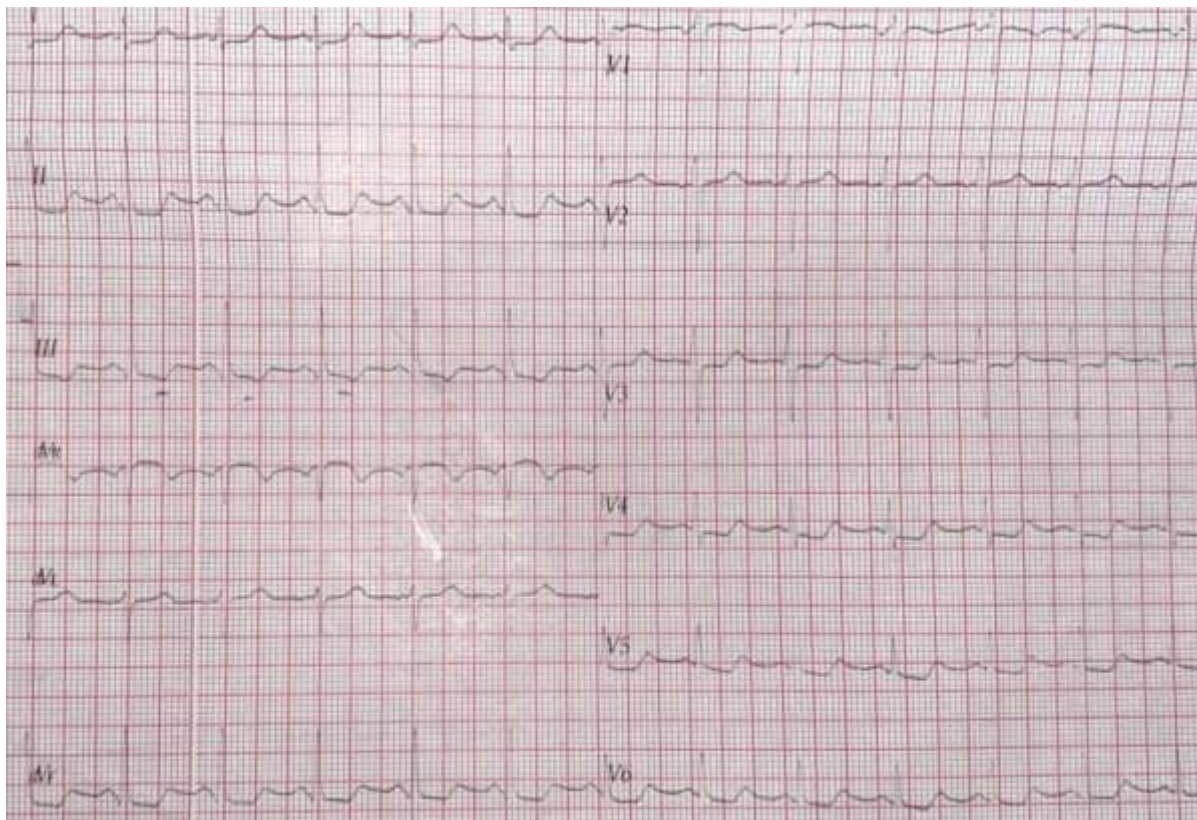


Fig.1 – ST depressions in II , III, aVF, V4-V6



III. DISCUSSION

Anaphylaxis is an acute, life-threatening hypersensitivity disorder, defined as a generalized, rapidly evolving, multi-systemic allergic reaction (1). Sometimes, anaphylaxis rarely manifests as a vasospastic acute coronary syndrome with or without the presence of underlying coronary artery disease termed as Kounis syndrome. There are three types (2). Type I is also known as allergic vasospastic angina due to endothelial dysfunction. It occurs in people without underlying coronary artery disease. Inflammatory mediators during an allergic reaction can cause arterial spasms with normal troponins. The management of Kounis syndrome largely depends on the type of the

disease and the type of presentation and includes stabilization of ABCD, and administration of Adrenaline.

REFERENCES

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