

Test yourself about anaphylaxis vulnerable patients

Elham Hossny

Professor of Pediatrics, Ain Shams University

Choose only one answer:

1- Fatal anaphylaxis may accompany

- a) Uncontrolled asthma
- b) Mastocytosis
- c) Cardiovascular disease
- d) Concurrent use of ACE inhibitors
- e) All of the above

2- One of the following statements is incorrect:

- a) Defects in mediator degradation pathways might predispose to severe or fatal episodes
- b) Low serum PAF acetyl hydrolase activity protects from anaphylaxis
- c) During anaphylaxis, mediators released from cardiac mast cells lead to coronary artery spasm.
- d) Beta adrenergic blockers pose a risk for fatal anaphylaxis

3- The following statement is incorrect about anaphylaxis in infants:

- a) Anaphylaxis following immunization is a rare event
- b) Idiopathic anaphylaxis has been reported in infants
- c) The most common trigger is pollen allergy
- d) Anaphylaxis was reported as young as 2 weeks of age
- e) First generation H1-antihistamines potentially cause sedation and can lead to respiratory arrest in Infants

4- In infancy, anaphylaxis can be difficult to recognize because:

- a) Infants cannot describe their symptoms
- b) Some signs of anaphylaxis such as flushing, dysphonia, spitting up, and incontinence are normal in infants
- c) Healthy infants have lower blood pressure and higher resting heart rate than older children
- d) Serum tryptase is commonly normal in anaphylactic episodes caused by food allergy
- e) All of the above

5- Difficulty in epinephrine therapy in infants is due to:

- a) Epinephrine does not work in infants
- b) The dose can be very low that needs care in calculation and drawing up
- c) The only epinephrine autoinjectors available provide a dose of 0.3 mg
- d) Epinephrine cannot be given IM in infants

6- The following is true about anaphylaxis in pregnancy

- a) Hypoxic-ischemic neurologic injury was reported due to in utero anaphylaxis to food antigens that cross the placenta.
- b) Symptoms include low back pain, uterine cramps, fetal distress, preterm labor, and vulval and/or vaginal itching
- c) Iatrogenic interventions such as oxytocin, latex are common triggers
- d) If fetal distress persists, emergency CS should be considered
- e) All of the above

7- Why should you position of the pregnant patient semi-recumbent on the left side?

- a) To prevent compression of inferior vena cava by the gravid uterus
- b) To prevent pressure on the liver and gall bladder
- c) For easier cardiopulmonary resuscitation
- d) All of the above

8- An incorrect statement about anaphylaxis in adolescents is

- a) Death from anaphylaxis is very rare in teenagers
- b) They are vulnerable to anaphylaxis recurrences because of risk-taking behaviors
- c) They fail to avoid their trigger(s) and some refuse to carry epinephrine autoinjectors
- d) Involvement of close friends and lay organizations may support appropriate management

9- Cofactors that amplify or augment anaphylaxis include:

- a) Concomitant ingestion NSAID
- b) Fever
- c) Emotional stress,
- d) Travel or other disruption of routine
- e) All of the above

10- Kounis syndrome is:

- a) Epinephrine adverse effect leading to coronary spasm
- b) Acute coronary syndrome induced by mast cell activation during allergic and anaphylactic reactions
- c) Bradyarrhythmia in patients with anaphylaxis
- d) Severe hypertension during an anaphylactic episode

(Answers on page 33)