



More Than Dental Anxiety

Karen Binkley, MD, FRCPC

Notes on Shabbir

Age: 32

Presentation: Shabbir presents with a history of penicillin allergy and gastrointestinal (GI) upset with erythromycin.

History:

- ✓ Shabbir has a history of penicillin allergy.
- ✓ As an infant, he developed a rash shortly after a penicillin injection.
- ✓ Neither Shabbir nor his family can recall the presence of any other symptoms.
- ✓ Since childhood he has avoided all penicillin and penicillin derivatives, including cephalosporins.
- ✓ Shabbir has no other drug allergies.

Recent history:

- ✓ Shabbir cannot tolerate erythromycin due to GI upset.
- ✓ He has recently been diagnosed as having mitral valve prolapse for which antibiotic prophylaxis is required before dental and other procedures.
- ✓ He takes no regular medications.
- ✓ He is otherwise well.
- ✓ His physical examination is unremarkable.

What do you suggest?

Treatment options:

- ✓ Prescribe alternate antibiotics for dental prophylaxis.
- ✓ Refer Shabbir to an allergy specialty clinic for penicillin skin testing:
 - Penicillin allergy skin testing reveals:
 - penicillin skin testing with both major and minor determinant is negative
 - oral challenge with penicillin is negative

Management:

- ✓ Shabbir is prescribed and, tolerates well, penicillin V potassium oral for prophylaxis for dental procedures in the future.
- ✓ He continues to avoid macrolides because of GI intolerance. **Dx**

Dr. Binkley is an Assistant Professor of Medicine, Division of Clinical Immunology and Allergy, University of Toronto, and a Staff Member, St. Michael's Hospital and Sunnybrook Women's College Health Sciences Centre, Toronto, Ontario.

Upcoming cases

- ✓ **July:** Psyllium allergy
- ✓ **August:** Wegner's granulomatosis