A case-based update

## "Help me, I'm breaking out!"

Karen Binkley, MD, FRCPC

	Notes on Eilleen
	Age: 45
	Presentation: Presents with repeated episodes of allergic
	reactions.
	✓ Eilleen's symptoms include urticaria, chest tightness and wheezing
	√ She has been to the ED on three separate occasions for hypotension; a blood
Λ,	pressure of 80/20 mmHg was documented on the last occasion
14O	√ She responds to antihistamines and adrenaline
	✓ She now carries epinephrine
	√ There is no obvious common trigger, such as food, latex exposure or exercise
	✓ Symptoms often, but not always, occur after eating
	√ Symptoms occasionally occur during, but are not limited to, exercise
	✓ Eilleen is otherwise well
	Modical bittle willed 100
	Medical history:  √ She has a history of chronic intermittent urticaria of two years' duration
	✓ She has a history of chronic intermittent urticaria of two years duration  ✓ There is no previous atopic history
	✓ Eilleen's family history is negative for atopy
	✓ She has a history of chronic intermittent urticaria of two years' duration  ✓ There is no previous atopic history  ✓ Eilleen's family history is negative for atopy    Physical exam:
	Physical exam:
	√ Unremarkable, except for hyperpigmented macules on her torso, which urticate with
	pressure
	1417
	What do you suspect?
	1

Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr	-	serum tryptase is elevated at 20 panograms per millilitre
Further investigations:  √ The complete blood cell count differential is normal  √ The bone scan is normal  √ The bone marrow biopsy shows no evidence of marrow involvement  Further management:  √ A non-sedating, H1 blocker and H2 blocker administered regularly  ✓ Epinephrine should be available at all times  ✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided  ✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics  ✓ Leukotriene receptor antagonist and cromolyn may be beneficial  ✓ Imatinib may be appropriate in some patients; special investigations are required  Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr	√ Her skin	serum d'ypasse is elevated at 20 maiograms per imminde
<ul> <li>✓ The complete blood cell count differential is normal</li> <li>✓ The bone scan is normal</li> <li>✓ The bone marrow biopsy shows no evidence of marrow involvement</li> <li>Further management.</li> <li>✓ A non-sedating, H1 blocker and H2 blocker administered regularly</li> <li>✓ Epinephrine should be available at all times</li> <li>✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided</li> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>		biopsy is consistent with mastocytosis
<ul> <li>✓ The complete blood cell count differential is normal</li> <li>✓ The bone scan is normal</li> <li>✓ The bone marrow biopsy shows no evidence of marrow involvement</li> <li>Further management.</li> <li>✓ A non-sedating, H1 blocker and H2 blocker administered regularly</li> <li>✓ Epinephrine should be available at all times</li> <li>✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided</li> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>	Furth	er investigations:
<ul> <li>✓ The bone scan is normal</li> <li>✓ The bone marrow biopsy shows no evidence of marrow involvement</li> <li>Further management:</li> <li>✓ A non-sedating, H1 blocker and H2 blocker administered regularly</li> <li>✓ Epinephrine should be available at all times</li> <li>✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided</li> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>		
Further management.  ✓ A non-sedating, H1 blocker and H2 blocker administered regularly  ✓ Epinephrine should be available at all times  ✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided  ✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics  ✓ Leukotriene receptor antagonist and cromolyn may be beneficial  ✓ Imatinib may be appropriate in some patients; special investigations are required  Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr		
<ul> <li>✓ A non-sedating, H1 blocker and H2 blocker administered regularly</li> <li>✓ Epinephrine should be available at all times</li> <li>✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided</li> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>	$\sqrt{}$ The bon	e marrow biopsy shows no evidence of marrow involvement
<ul> <li>✓ A non-sedating, H1 blocker and H2 blocker administered regularly</li> <li>✓ Epinephrine should be available at all times</li> <li>✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided</li> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>	Furth	er manadement:
<ul> <li>✓ Epinephrine should be available at all times</li> <li>✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided</li> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>		
<ul> <li>✓ Beta-blockers and angiotensin-converting enzyme inhibitors must be avoided</li> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>		
<ul> <li>✓ Special care is to be used with agents capable of causing mast cell degranulation, including opiates, radio contrast material and general anesthetics</li> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>		
<ul> <li>✓ Leukotriene receptor antagonist and cromolyn may be beneficial</li> <li>✓ Imatinib may be appropriate in some patients; special investigations are required</li> <li>Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr</li> </ul>		
✓ Imatinib may be appropriate in some patients; special investigations are required  Dr. Binkley is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr	including	g opiates, radio contrast material and general anesthetics
<b>Dr. Binkley</b> is an Assistant Professor of Medi Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr	√ Leukotri	ene receptor antagonist and cromolyn may be beneficial
Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunr	√ Imatinib	may be appropriate in some patients; special investigations are required D
		Dr. Binkley is an Assistant Professor of Medic Clinical Immunology and Allergy, University of Staff Member, St. Michael's Hospital and Sunn College Health Sciences Centre, Toronto, Onta
Upcoming cases		Upcoming cases