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Anesthesia and pre-operation allergy

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This lecture intended for doctors involved in allergy of anesthesia consultations (eg anaesthetists, allergists, dermatologists, pediatricians and pulmonologists). The goal is to comply with the recommendations for clinical practice, update knowledge and practices in the prevention of anesthesia allergic risk.

The main themes addressed during the topic:

- The epidemiology of these reactions
- The anesthetic agents involved
- People at risk
- The clinical presentation of these reactions, their consequences
- Diagnostic methods: skin tests, biological tests
- The organization of an allergy of anesthesia consultation
- Preventive measures

The reality of allergic risk in anesthesia is confirmed by the publications in English and French of more cases of anaphylactoid reactions during the last 15 years, about 60% are IgE-dependent immunological origin. The anaphylactoid reaction represents 9 to 19% of the complications of anesthesia. The mortality is 5 to 7%. The incidence of the anaphylactic reaction was evaluated in France, in 1996, at 1 / general and loco-regional anesthesia, all responsible substances combined. The incidence of anaphylaxis in the patients was 1/6 500 anesthesia with curare. The curare represents 62% of them, the latex 16.5%, the hypnotics 7.4%, the antibiotics 4.7%, the substitutes of the plasma 3.6%, the opioids 1.9%. Allergy to local anesthetics appears exceptional (0.7%). No anaphylactic reactions have been published with halogenated anesthetics. The curares most involved were: rocuronium, suxamethonium, atracurium and vecuronium. The clinical manifestations are more serious in an immunological reaction than in a pharmacological reaction. The clinical signs are not always complete. In 17 to 30% of the cases of anaphylactic reactions to the curares, there was no preliminary contact with molecules. The situation is often aggravated by the existence of an underlying cardiac pathology or by the use of certain drugs such as beta-blockers. The treatment of allergic reactions during anesthesia should not be designed in a rigid pattern.

Biography

Fuad Alrowaishdi is the consultant in Allergy and Immunology (Adult-Pediatrics) field of medicine. He is also the consultant Pediatric Pulmonology and Bronchoscopy. He is fellow member of American Academy of Asthma Allergy and Immunology. He serves as member of several organizations like European Academy of Allergy and Clinical Immunology, European Respiratory Society, French Allergy Pulmonology Society and World Allergy Organization.

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