

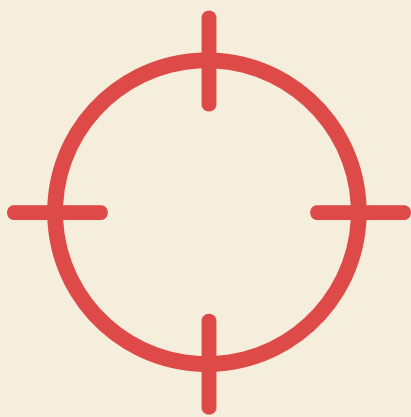
ANTIBIOTIC ALLERGY

5 things I learned from the paper

DEFINITION

Adverse drug reaction (ADR) - any untoward medication effect experienced at **normal therapeutic doses** of the drug

When an ADR is immunologically mediated, then this is a hypersensitivity reaction (HSR)



ON AND OFF TARGETS

A new classification for ADR has been proposed. If an ADR is due to the drug "desired" action itself, then it's called on-target. Prime example of this is C. def diarrhea following antibiotic exposure.

Otherwise the ADR is off-target and this is further divided into 2; immunological (HSR) and non-immunological.

FAST OR SLOW

Immediate HSR can be IgE or non-IgE mediated. The later is also called pseudoallergy and vanco-red man syndrome is an example for this (mast cell mediated).

Delayed HSR is mediated by T cells or antibodies other than IgE.



WRONGFULLY CHARGED

Beta lactams, the most common culprits for HSR are rarely guilty and worse, "stigma" against them perpetuates once an antibiotic allergy label is stamped on their forehead.

A BEAUTIFUL ALGORITHM

There is a beautiful algorithm in the paper to help us manage penicillin allergy patients. The branches include immediate and delayed reactions with two subsequent branches under each of these divisions; severe and non-severe.

For example; patients with immediate but non-severe HSR, aztreonam/carbapenem/non-cross reactive cephalosporins can be used.



DUE TO LEGAL REASON, THE ALGORITHM IS NOT INCLUDED HERE.