

Tragic Outcome of Peanut Allergy

Peanut and tree nut allergies are responsible for 80% out of 100-200 lethal cases of food allergy [1]. Children with food allergies have a lower quality of life caused by fear of a possible anaphylaxis [2,3].

We report a case of 9-year-old girl with positive family history of atopic diseases. Her first acute allergic reaction with dyspnea and vomiting occurred at the age of two years. At that time, she was hospitalized, treated with intravenous steroids, and was diagnosed with allergies to cow's milk, chicken egg and peanuts. Due to food allergies and frequent respiratory tract infections, her parents decided not to send her to a kindergarten. When the girl was 5-year-old, allergy tests did not confirm allergies to cow's milk and chicken egg anymore; however, specific IgE against peanuts were still present in high titers. One year later, she started attending an organized pre-school learning. She used to eat home-made meals only. At the age of nine years, she participated in the school camp – her first fully independent trip. She was equipped with an adrenaline auto-injector. The girl was educated and aware of her illness, and she avoided consuming peanuts. Despite that, once at home, she ate three pieces of chocolate labelled with a warning 'may contain peanuts'. After a few minutes, she developed stomach ache and dyspnea. Her father immediately administered her 0.15 mg of adrenaline intramuscularly, but she lost consciousness. Her neighbour, who was a paramedic, administered another dose of 0.15 mg of adrenalin from auto-injector and started resuscitation. The ambulance and emergency helicopter arrived within a few minutes. The child was

intubated, chest compressions were carried out, and adrenaline, hydrocortisone and calcium chloride were administered intravenously. The girl regained consciousness for a short period of time. However, while she was being transported to the hospital, she again went into a cardiac arrest and despite 2.5 hour long resuscitation, she died. The postmortem report suggested anaphylaxis as the cause of her death.

Despite continuous improvement in diagnostic methods, the most important factors for patients with food allergies are more legible information on food packaging, strict diet and proximity of professional medical help. It is essential to educate patients about their allergy and equip them with adrenaline auto-injector. 3E (education, elimination, epinephrine) should be the first line of defense from a tragic results of anaphylaxis.

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VACTERL Association with Sacrococcygeal Teratoma

VACTERL association refers to the non-random co-occurrence (1 in 10,000 to 1 in 40,000 live-born infants) of vertebral anomalies (V), anal atresia (A), congenital heart defects (C), tracheoesophageal fistula (TE), renal anomalies (R) and limb defects (L) [1,2]. It is typically defined by the presence of at least three of them without

clear evidence for an alternate, overlapping diagnosis [1-3]. The occurrence of VACTERL association with sacrococcygeal teratoma (SCT) is extremely rare.

A 2-day-old female neonate presented with a large sacrococcygeal lump with absent normal anal opening (**Fig. 1**). The patient was in respiratory distress with nasal flaring. Examination revealed vestibular fistula, fine crepitations with presence of cardiac murmur. Failure to negotiate a red rubber catheter down the esophagus suggested the presence of esophageal atresia. Radiological evaluation confirmed the presence of esophageal