

### **Anaphylaxis Following Oral Cotrimoxazole**

Cotrimoxazole is widely used in clinical practice. Various adverse reactions have been well documented. Intolerance due to sulfonamides can occur at any time during drug administration. Common allergic symptoms are drug fever and skin rash(1). Singh *et al.* reported a case of cholestatic jaundice following trimethoprim ingestion(2). Anaphylaxis following oral cotrimoxazole is reported here because of its extreme rarity.

A 7-year-old male child came with complaints of fever and loose, mucoid blood tinged stool for 1 day. Physical examination did not reveal any abnormality. Cotrimoxazole tablet was advised for him as a case of bacillary dysentery. Parents brought the child soon after ingestion of first dose of the drug with complaints of cough, sneezing, itching and watering of eyes, running of nose, and tightness in the chest developing about 15 minutes after intake of drug. Past history of oral cotrimoxazole intake without adverse reaction was obtained. On examination, the child was dyspneic, had cold extremities, pulse rate of 110/minute, and blood pressure of 80/55 mm Hg. His conjunctives were congested. Respi-

ratory system examination revealed diffuse rales and rhonchi on both sides. The heart sounds were normal. The child was given a single dose of prednisolone (5mg), salbutamol (3 mg) and astemizole (5 mg) orally immediately. Gradually the symptoms and signs of anaphylaxis disappeared within 2 hours.

Anaphylactic reactions are characteristically explosive, particularly when the antigen is injected. Anaphylactic sensitivity is more easily induced by injection of drugs than by oral administration. Commonly the drugs causing anaphylaxis are penicillin, cephalosporins, L-asparaginase, insulin, and immunoglobins(3). This case illustrates that anaphylactic reaction can occur even after oral cotrimoxazole.

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