

Treatment of Anaphylaxis Following Oral Co-trimoxazole

It was interesting to read the report of a rare case of anaphylaxis following oral cotrimoxazole(1). The symptoms and signs mentioned like dyspnea with rales and rhonchi, cold extremities, rapid pulse, low BP for the age and itching developing within 15 minutes of ingestion of cotrimoxazole makes the diagnosis of anaphylaxis likely, (the author has noted that the initial examination did not reveal any abnormality). The clinical picture is suggestive of early generalized anaphylactic reaction in which case the child is in some danger of going into shock. Early development of symptoms after ingestion of the drug in this case may indicate a more severe reaction(2). Hence it is not wise to treat this child with oral prednisolone, salbutamol and astemizole as was done. It is better to stick to the standard management namely, adrenaline by slow subcutaneous injection (not intramuscular as the child was not in shock), intravenous hydrocortisone and parenteral antihistamines. It is desirable to keep a patent intravenous line as well. It would be prudent to not to wait for the patient to collapse but to anticipate it.

Astemizole is not the ideal antihistamine for this situation as maximum concentration is not attained until 2-4 h after ingestion(3). Part of its H₁ receptor blocking action depends on its hepatic metabolite desmethyl astemizole(3) and hence this drug is preferred when persistent action is desired and not when rapid onset of action is the goal. Generally, conventional antihistamines like chlorpheniramine(2) or diphenhydramine are used for anaphylaxis. Further, it is

unlikely that oral prednisolone contributed significantly to the recovery of this child within 2 h. Such rapid action has not been described for steroids. Salbutamol, if indicated, is better given as inhalation(2). Except for bronchospasm, salbutamol is not useful for any other manifestation of anaphylaxis and hence adrenaline is preferred.

It is known that many cases of anaphylaxis do not progress beyond initial symptoms. It is possible that the reported case belonged to this category.

A. Santhosh Kumar,

Lecturer in Pediatrics, Medical College (SAT) Hospital, Thiruvananthapuram 695011.

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Reply

The manuscript was intended to highlight the rare untoward effect of oral cotrimoxazole and not the modality of treatment of anaphylaxis, *i.e.*, oral prednisolone, salbutamol and astemizole. The treatment of anaphylaxis is already well established. The drugs used in the case were readily available and the child was kept under close supervision. I also feel that the case belongs to self limiting type of anaphylaxis which did not progress beyond initial symptoms.

J.B. Ghosh,

Department of Pediatrics, B.S. Medical College, Bankura, West Bengal