

Case of elevated Procalcitonin (PCT) level in Anaphylactic shock



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Abstract

Background:

Anaphylaxis is a life-threatening condition, which is diagnosed clinically and confirmed by raised serial serum tryptase levels.

Case Presentation

A 75-year-old female, who was known to be allergic to penicillin, was mistakenly prescribed meropenem, resulting in anaphylactic shock. She was mechanically ventilated and received intramuscular adrenalin in addition to intravenous hydrocortisone and chlorpheniramine, and nebulised salbutamol. Within two days, the anaphylactic shock had resolved, she was weaned off mechanical ventilation, and discharged to the ward. Procalcitonin (PCT) and serum tryptase levels sent within the first hour of the anaphylaxis. However, the initial and serial serum tryptase levels came significantly high, confirming the diagnosis of anaphylaxis, initial PCT level came significantly high as well. Daily follow up of the PCT levels went back to normal.

Conclusion:

PCT can be an alternative diagnostic biomarker of anaphylaxis

Biography:

Dr Mohamed Shirazy is specialised in both ICU and Emergency Medicine. After graduation from the Faculty of Medicine, Alexandria University, Egypt in 2008, he did his ICU training for 5 years during which he got a master degree in Critical Care Medicine. Afterwards he got the European Diploma in Intensive Care Medicine and the Membership of the Royal College of Emergency Medicine. Dr Shirazy worked in Egypt, Bahrain and is currently an associate specialist in Emergency Medicine in the University Hospitals of Morcambe Bay NHS Foundation Trust, UK.



[15th International Conference on Clinical and Medical Case Reports](#); Amsterdam, Netherlands-April 16-17, 2020.

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Session name: Case Reports on Adverse Drug Reactions & Drug Interactions

Category: Oral presentation