

ETIOLOGIA DE L'ANAFILAXIA EN L'ADULT

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Anafilaxia por el látex

Suele considerarse la segunda causa de anafilaxia peroperatoria. Aunque la incidencia ha ido aumentando durante los últimos 20 años, parece que se ha llegado a una meseta gracias a la información y al descenso del empleo de productos derivados⁽²⁾.



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adscrit al Servei Català de la Salut

Corporació Sanitària de Barcelona



I Jornada d'Atenció Compartida en
Al·lèrgia de l' AIS-BE

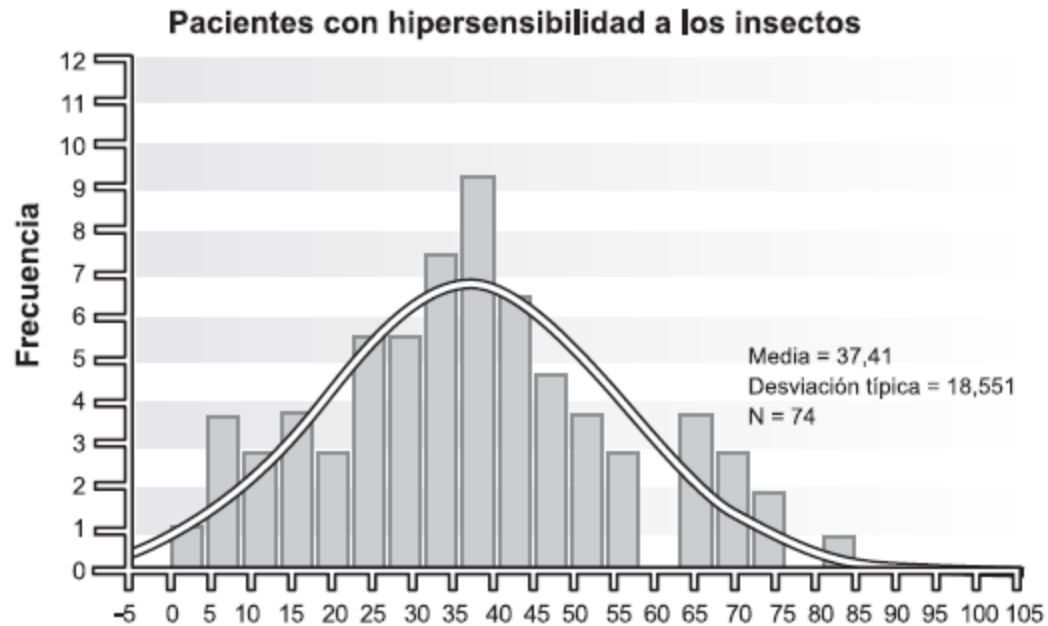
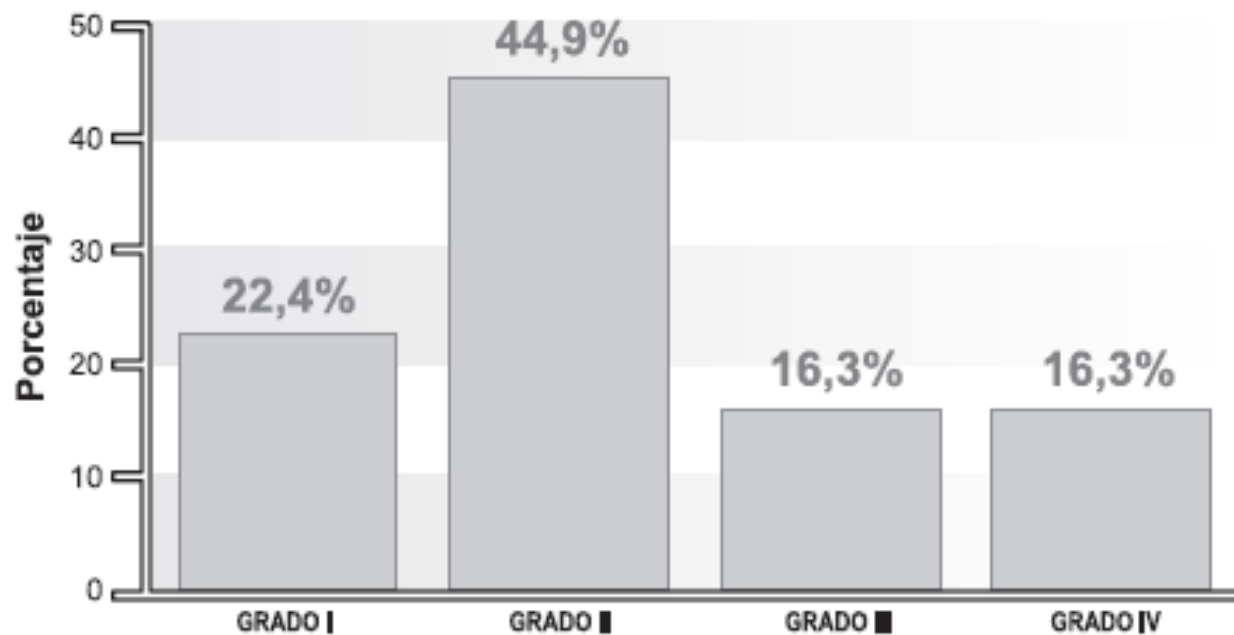


Figura 4





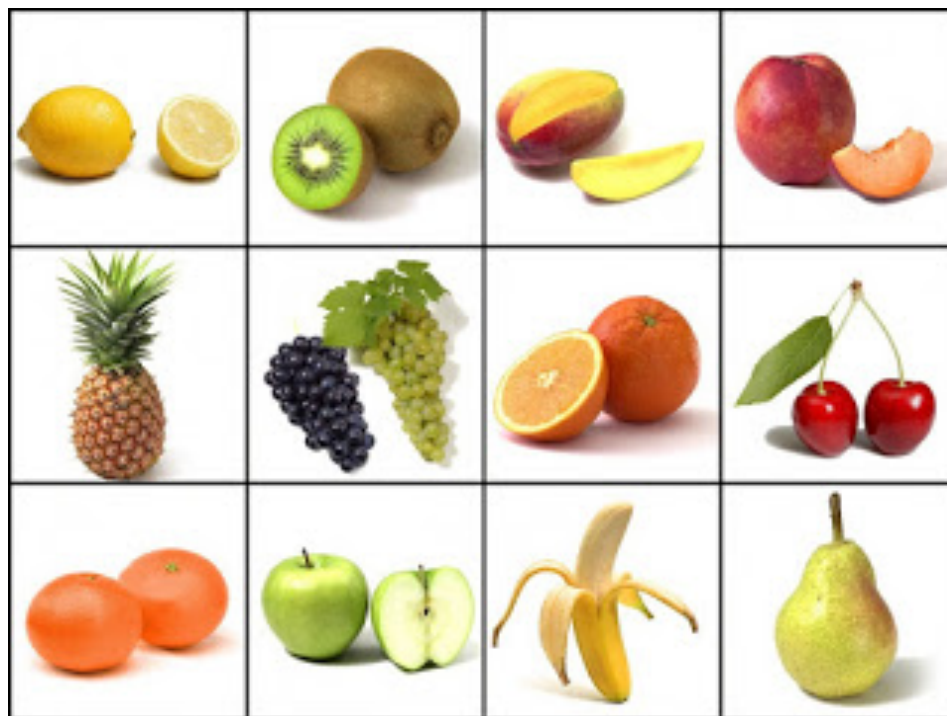
MANIFESTACIONES CLÍNICAS DE LA ALERGIA A LOS MEDICAMENTOS

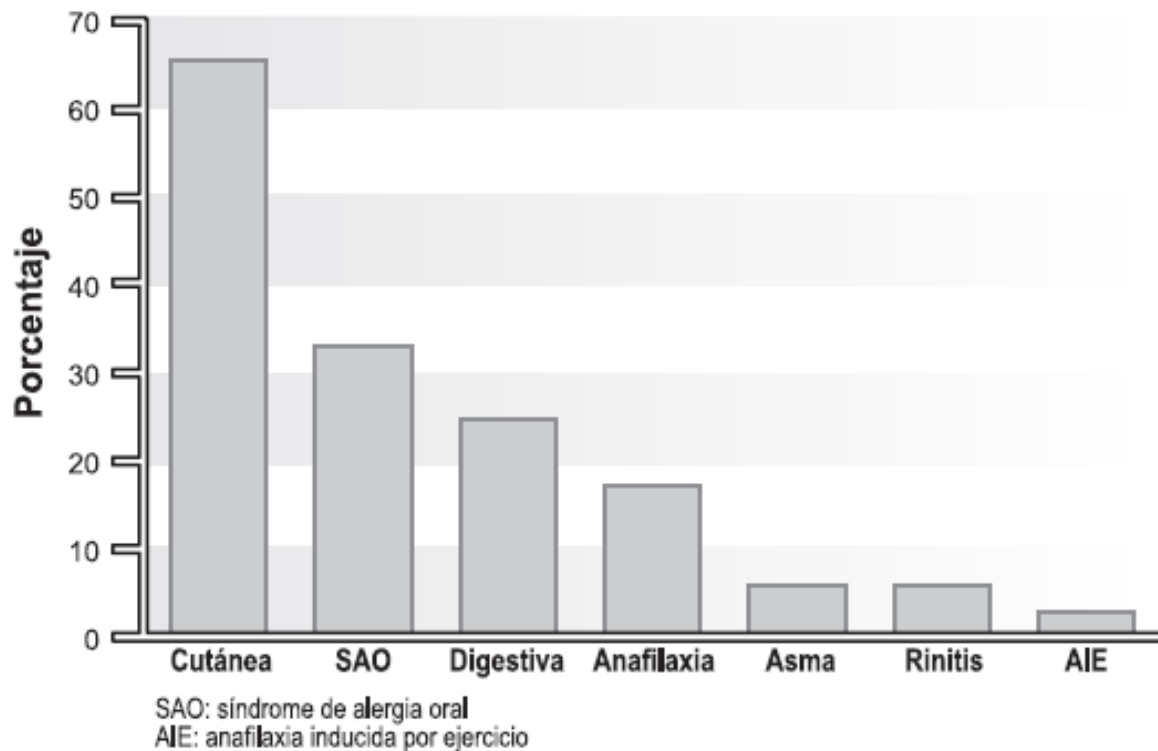
	<i>Alergológica 2005</i>	<i>Alergológica 92</i>
Cutánea exclusiva	75%	79%
• Urticaria	72%	72%*
• Angioedema	42%	
• Exantema fijo	2%	6%
• Síndrome de Steven-Johnson	1%	1%
• Eccema	6%	2%
Anafilaxia	10%	15%**
Asma	5%	6% (junto a rinitis)
Rinitis	2%	
Fiebre	0,4%	6%**
Otros	13%	2%

TABLA V. Agentes terapéuticos y diagnósticos implicados como causas de anafilaxia^(12,25-27,30)

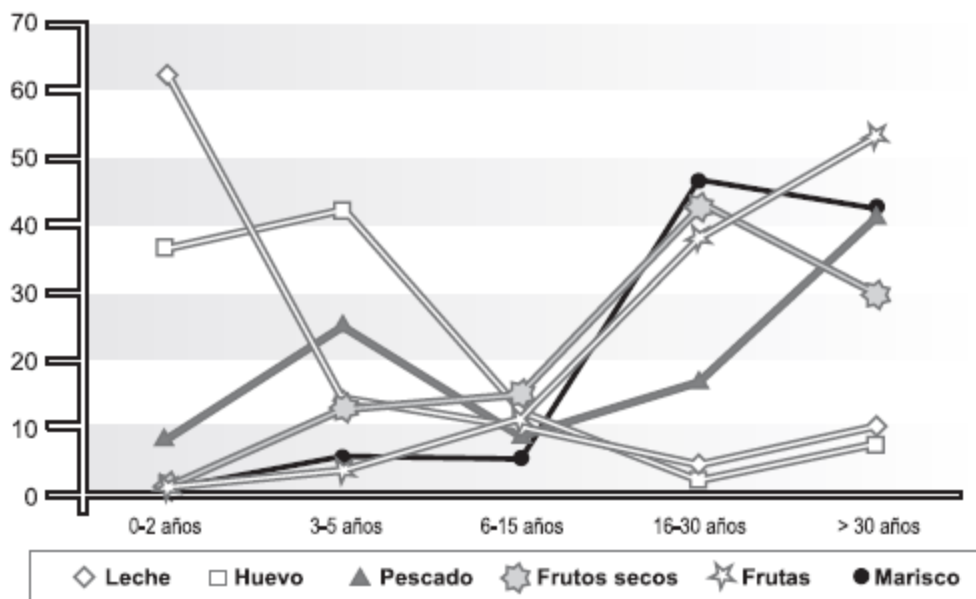
Agente etiológico	%
Antibióticos betalactámicos	36,1-54,7
AINE	12,8-25,8
Resto de antiinfecciosos	6,8-15
MCR	2,8-10
Inhibidores de la ECA	1,6-15
Otros	7,5-24,8

AINE: antiinflamatorios no esteroideos; MCR: medios de contraste radiológico; ECA: enzima convertidora de la angiotensina.

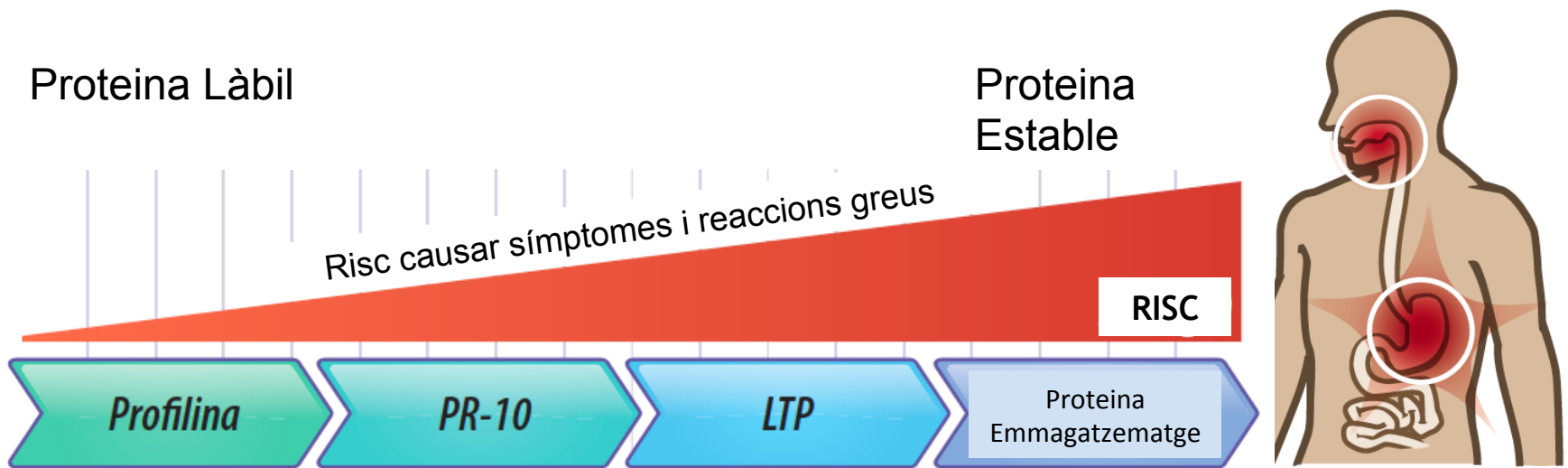


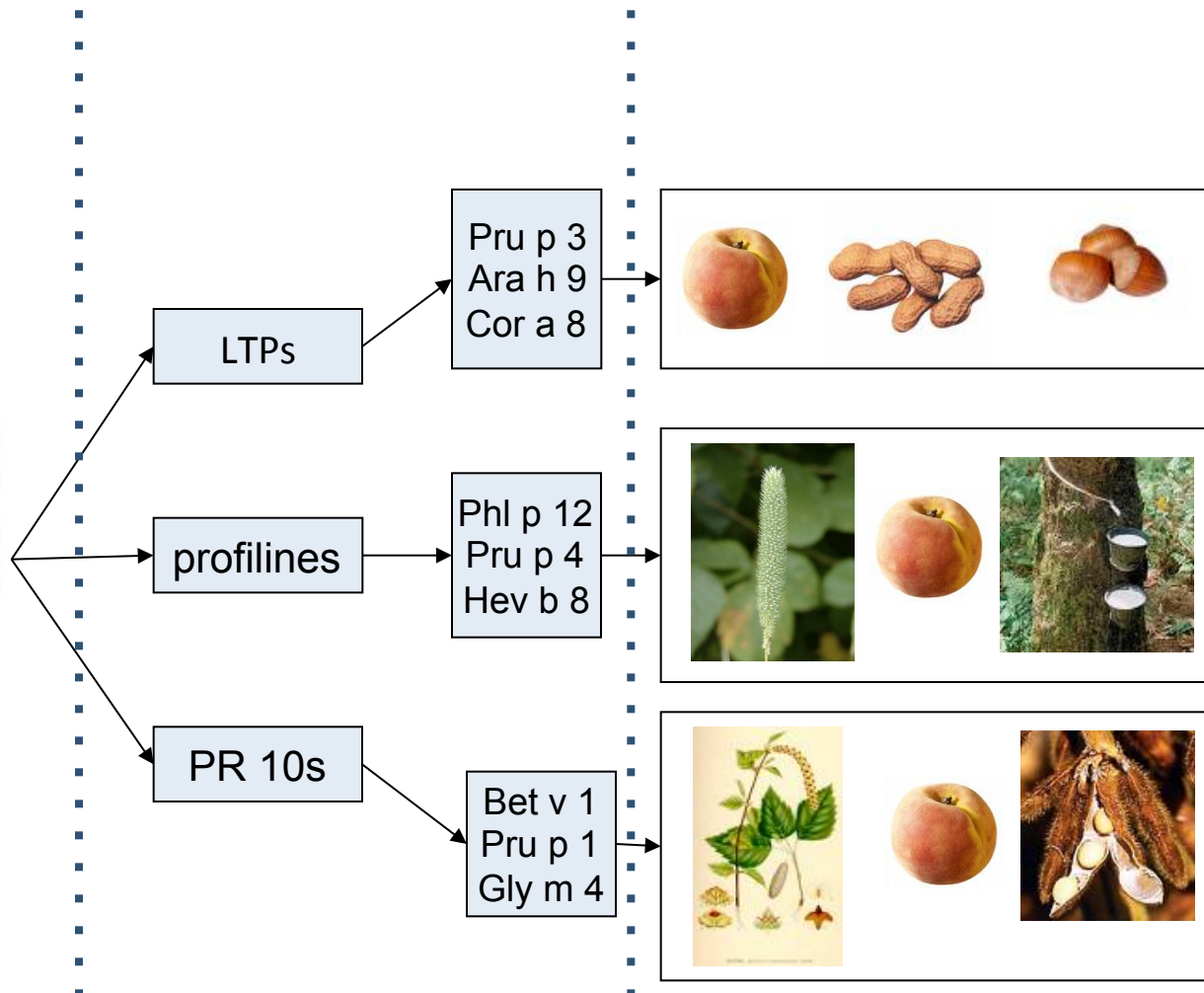


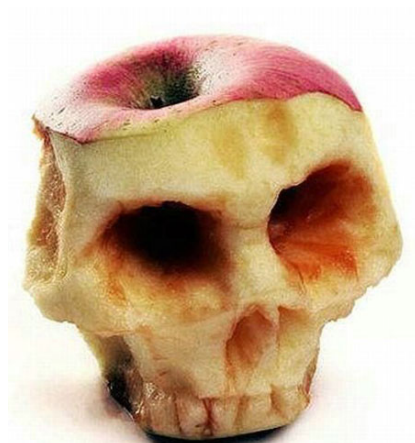
Forma clínica de presentación de la alergia a los alimentos.



Frecuencia de alergia a alimentos en diferentes grupos de edad.







Mald d 3
Pla a 3
Art v 3



Mald d 1
Bet v 1
Art v 3



Pascal et al. *Clinical and Translational Allergy* 2013, **3**(Suppl 3):O4
<http://www.ctajournal.com/content/3/S3/O4>



*Clinical and Translational
Allergy*

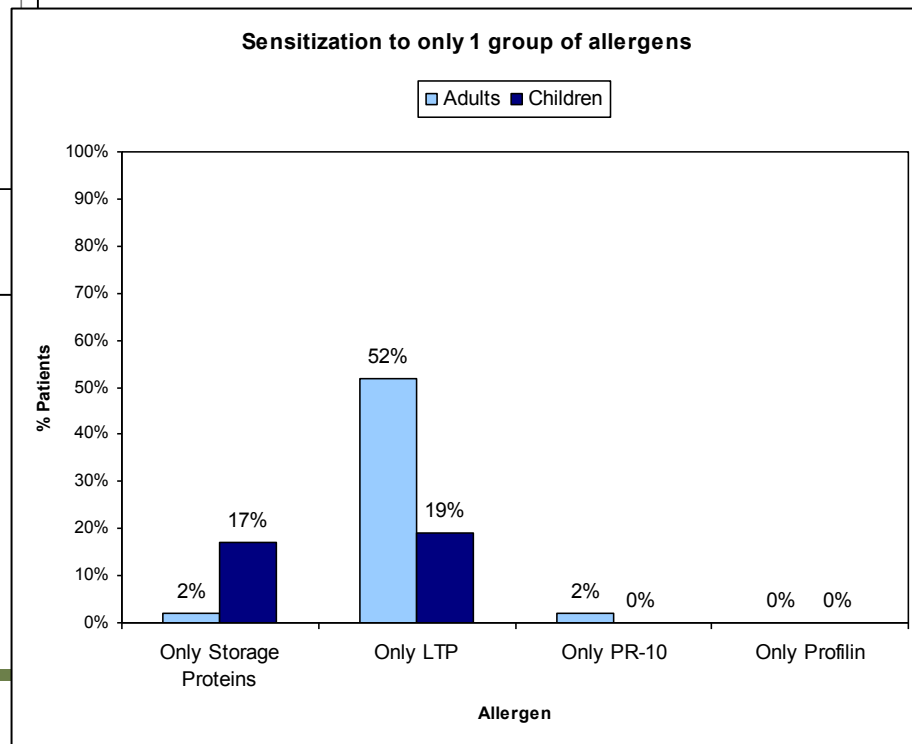
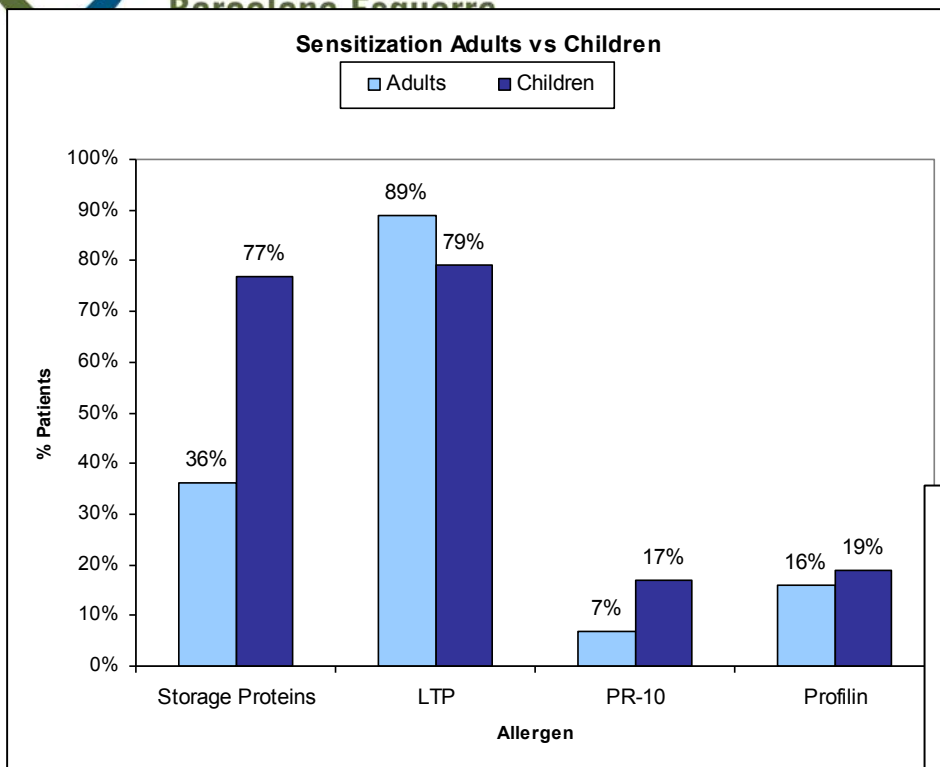
ORAL PRESENTATION

Open Access

Comparison of the sensitization profile between children and adults allergic to multiple plant-foods

M Pascal^{1*}, J Bartra², R Jiménez-Feijoo³, J Milà¹, L Millan¹, MM Folqué³, J Sánchez-López², A Valero¹, M Juan¹, R Vilella¹, AM Plaza³, J Yagüe¹

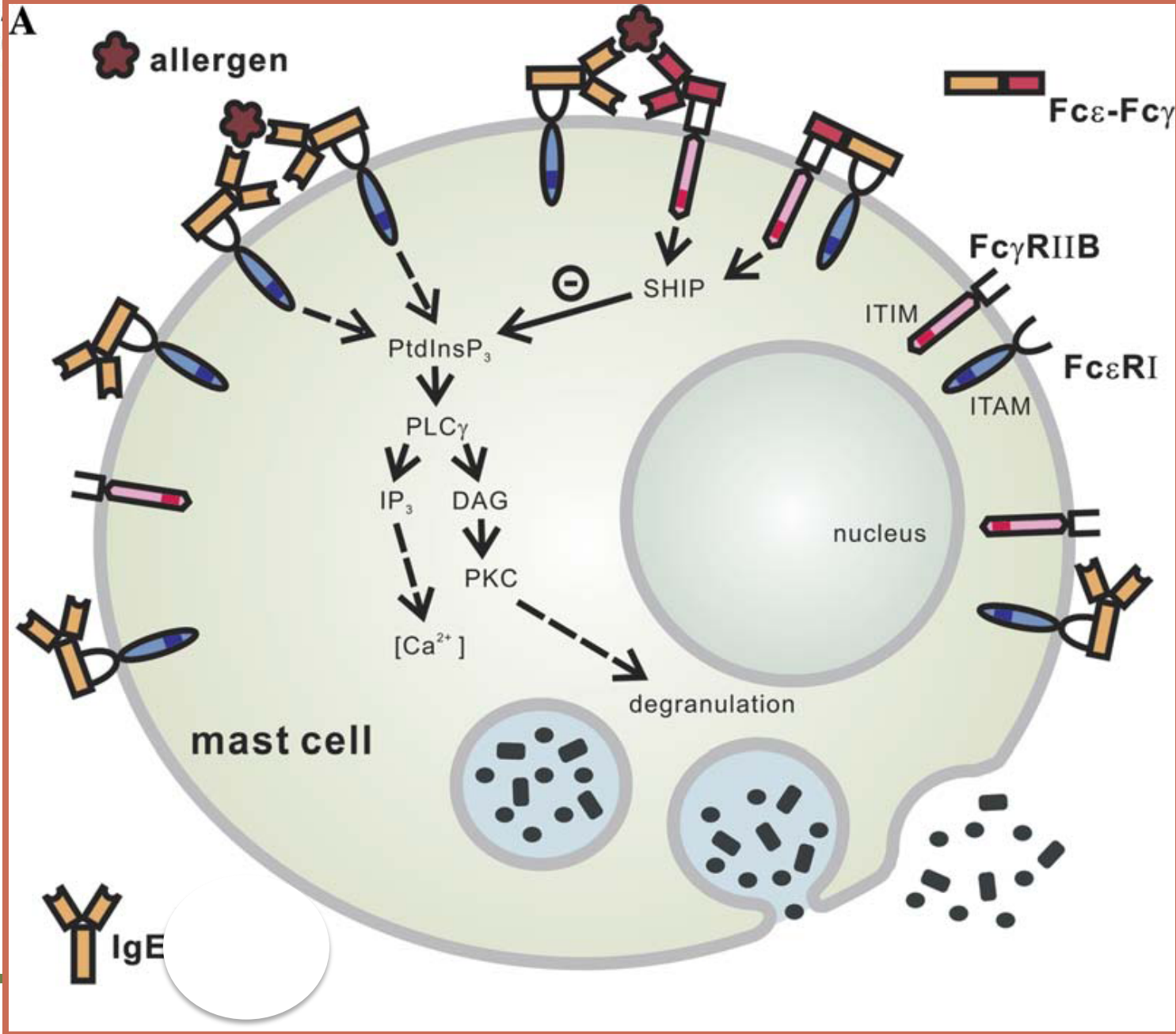
From Food Allergy and Anaphylaxis Meeting (FAAM 2013)
Nice, France. 7-9 February 2013







A





Drugs as risk factors of food anaphylaxis in adults : a case-control study

KEY-WORDS (Index medicus) : ANAPHYLAXIS. RISK FACTORS. SUBSTANCE-RELATED DISORDERS. ASPIRIN. ANTI-INFLAMMATORY AGENTS, NON STEROIDAL. ADRENERGIC BÊTA-ANTAGONISTS. ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

Denise-Anne MONERET-VAUTRIN *, Clothilde LATARCHE **

Bull. Acad. Natle Méd., 2009, 193, n° 2, 351-363, séance du 24 février 2009

Facteurs	Cas (n = 76)		Témoins (n = 235)		OR	IC 95 %	p
	n	%	n	%			
Sexe masculin	42	54,6	85	36,0	2,18	1,25-3,81	0,003
Aucun facteur associé	30	39,5	184	78,3	0,18	0,10-0,33	< 0,0005
Tous médicaments	31	40,8	35	14,9	3,94	2,11-7,34	< 0,0005
Aspirine	12	15,8	4	1,7	10,83	3,10-41,36	< 0,0005
AINS	5	6,6	2	0,9	8,20	1,37-62,51	0,003
Bêta-bloqueur	8	10,5	4	1,7	6,79	1,78-27,78	< 0,0005
IEC/SARTAN	4	5,3	1	0,4	13,00	1,34-310,38	0,003
Effort seul	7	9,2	17	7,2	1,30	0,47-3,51	ns 0,57
Médicament isolé	9	11,8	6	2,6	5,13	1,60-16,92	0,001
Médicament + effort	8	10,5	1	0,4	27,53	3,41-597,09	< 0,0005

- Dramatic augmentation of food allergy by AAS. *Paul E. JACI 2000; 105:844*
 - SAO pipas girasol
 - Anafilaxia: pipas + AAS(500 mg)

CASE REPORT

Prawns, Barnacles, and Nonsteroidal Anti-Inflammatory Drugs: Effect Modifiers or Interaction?

C Vidal,¹ B Bartolomé,² A Gonz

ALLERGY

ALLERGY 2003;58:1071-1081

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• ISSN 01

• CONTRIBUTIONS TO THIS SECTION WILL NOT UNDERGO PEER REVIEW, BUT WILL BE REVIEWE

Nonsteroidal anti-inflammatory drugs enhance allergic reactions in a patient with wheat-induced anaphylaxis

bread, noodles, cutlets, and tempura were all negative. However, when 30 mg of diclofenac sodium, an NSAID, was taken just before the challenge, he developed urticaria 1 h after eating noodles or tempura. He developed no symptoms after taking diclofenac sodium only.

To clarify the effect of NSAIDs on wheat-induced anaphylaxis, we measured histamine release after *in vitro* exposure

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T. Shirai*, T. Matsui, T. Uto, K. Chida, H. Nakamura

Clin Exp Allergy 2005; 35:461–466

doi:10.1111/j.1365-2222.2005.02213.x

Exercise and aspirin increase levels of circulating gliadin peptides in patients with wheat-dependent exercise-induced anaphylaxis

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doi: 10.1111/j.1365-2222.2012.04071.x

Clinical & Experimental Allergy, 42, 1529–1539

ORIGINAL ARTICLE Allergens

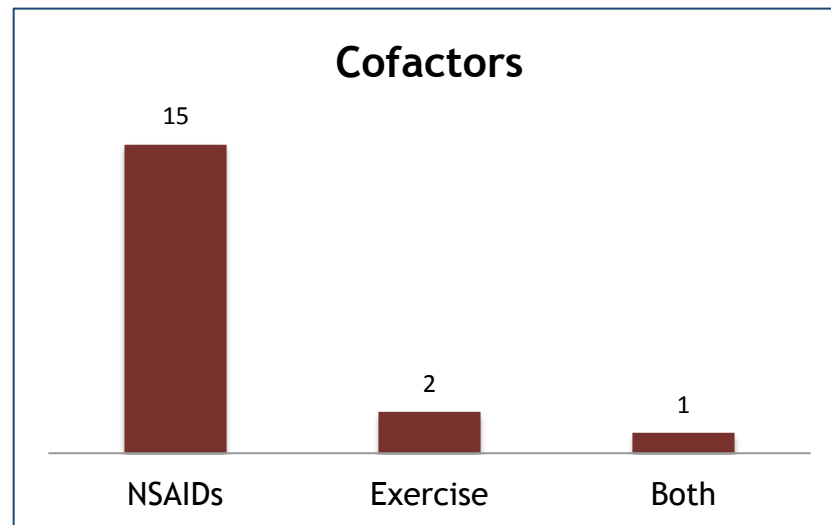
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Lipid transfer protein syndrome: clinical pattern, cofactor effect and profile of molecular sensitization to plant-foods and pollens

M. Pascal^{1,2}, R. Muñoz-Cano^{2,3,4}, Z. Reina², A. Palacin⁵, R. Vilella^{1,2}, C. Picado^{2,3,4}, M. Juan^{1,2}, J. Sánchez-López^{2,3,4}, M. Rueda³, G. Salcedo⁵, A. Valero^{2,3,4}, J. Yagüe^{1,2} and J. Bartra^{2,3,4}

¹Servei d'Immunologia, Centre de Diagnòstic Biomèdic (CDB), Hospital Clínic, Barcelona, Spain, ²Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain, ³Unitat d'Al·lèrgia, Servei de Pneumologia, Hospital Clínic, Universitat de Barcelona, Barcelona, Spain, ⁴Centro de Investigaciones en Red de Enfermedades Respiratorias (CIBERES), Barcelona, Spain and ⁵Centro de Biotecnología y Genómica de Plantas (UPM-INIA), Madrid, Spain

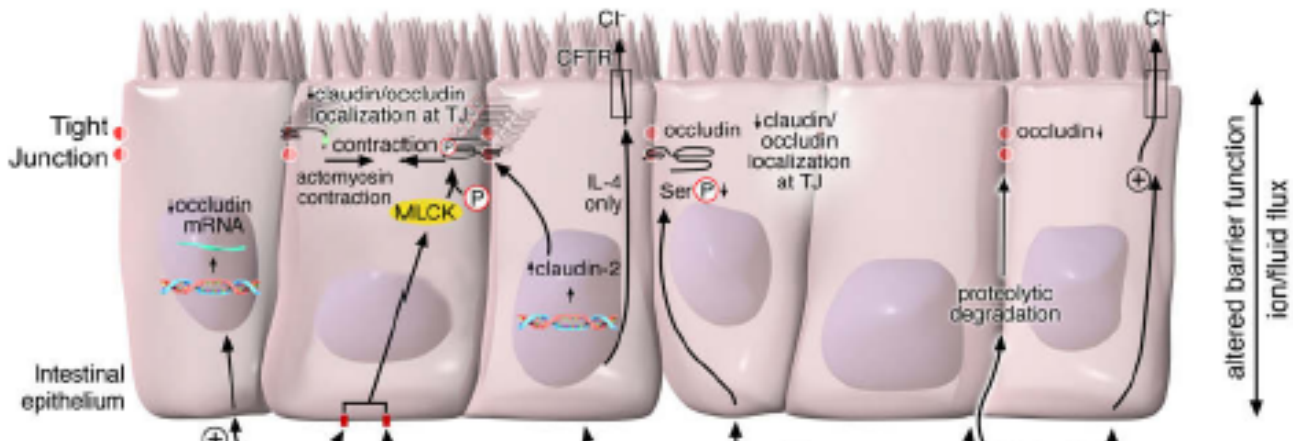
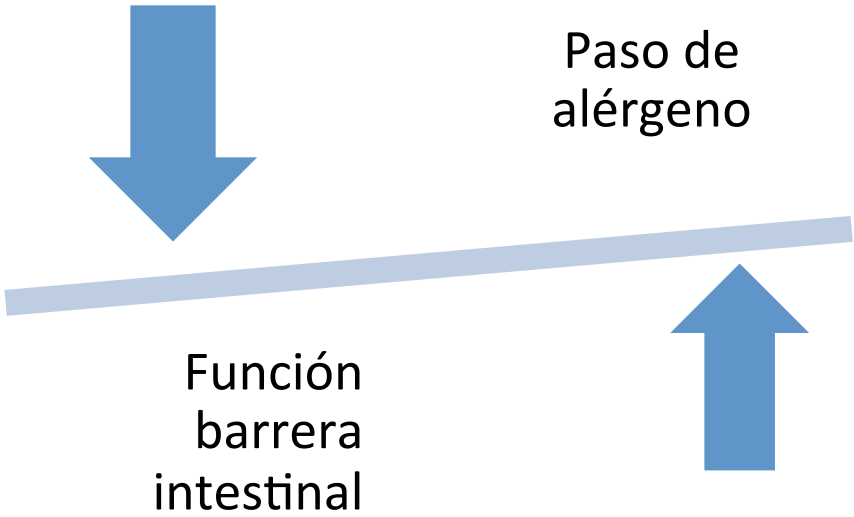
18 patients (40%) reported the involvement of cofactors

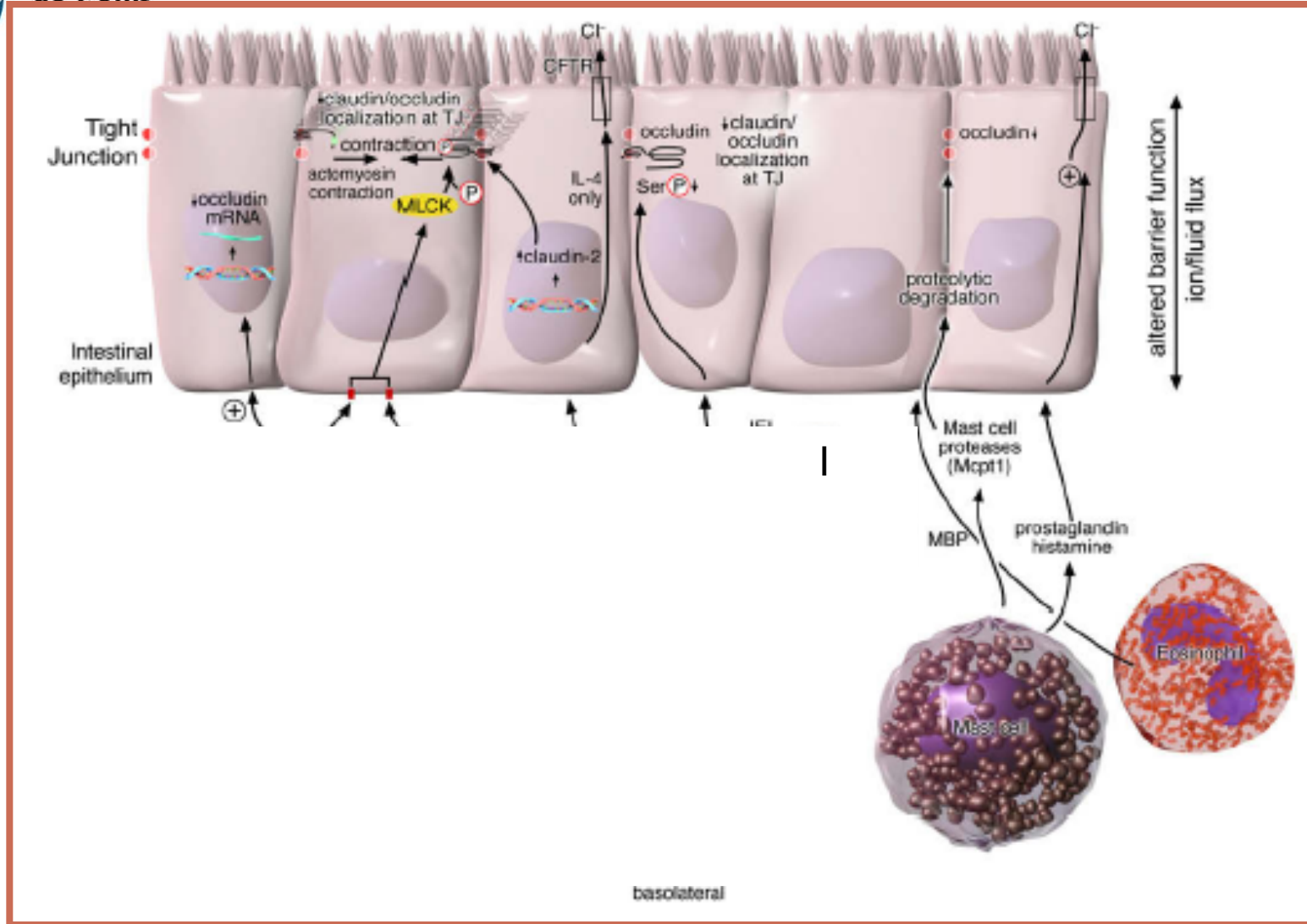


Of the 34 anaphylaxis, in 11 (32%) cofactor presence was mandatory.

In cofactor-dependent anaphylaxis: very difficult to identify the culprit food by clinical history.

• **PERMEABILIDAD INTESTINAL**









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