blocking drugs are the leading cause of perioperative anaphylaxis. Prior exposure is not necessary. Cisatracurium is a nondepolarizing muscle relaxant that is an isomer of atracurium. It was expected to have less anaphylactoid potential compared to other drugs in this class, However, several incidents of severe anaphylactic reactions to cisatracurium have been described. The mechanism of these events remains uncertain. The incidence of an isolated cardiovascular collapse as a presenting sign of anaphylaxis is only 10%. Up to now only one case of cardiac arrest to cisatracurium has been reported.

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POISONOUS SNAKE VENOM VACCINATION: A CASE REPORT OF A NON-PHYSICIAN DIRECTED EXPERIMENT.

S. Kagen,* R. Muthiah, *Appleton, WI.*

BACKGROUND: Fatalities from poisonous snakebites occur primarily in tropical nations. A snake handler presented to our clinic requesting that we study him for anti-toxins to the poisonous venoms he had been injecting into himself. His goal was to tolerate snakebites from the black mamba, western green mamba, eatern green angusticeps, Naja siamensis (Thai spitting cobra), Jamaican mamba, and the mounded cobra. After surviving anaphylaxis from his first six self-injections using freshly milked cobra venom, he survived a cobra bite. Mamba venom self-injections followed, and he is now also able to tolerate the bite of the green mamba. METHODS: We studied the protein concentrations of the above snake venoms, and developed immunoassays for venom-specific IgE and quantitative anti-toxic IgG. A Western blot against five of the venoms was used to assess his IgG immune response to his self-directed vaccination. RESULTS: The protein content of each snake venom ranged from 1.89-16.6 mg/ml. The snake handler's serum possessed venom-specific IgE and very high levels of venom-specific IgG to all venoms tested. His IgG anti-toxin titers (in mg/ml) were as follows: black mamba 5.1, western green mamba 3.1, Jamaican mamba 5.9, Naja siamensis 1.89, and mounded cobra 2.35. The Western blot revealed IgG reactivity to multiple bands from 6.5-116 kDa. Although high backgrounds were present, control sera were negative for venom-specific IgE, IgG, and IgG immunoblotting. All snake venoms studied became partially degraded even when kept in 50% glycerol at 4 degrees C. CONCLUSIONS: Snake venoms contain many different proteins, some of which are species specific. Here we have discovered several snake venom antigens using a hyper-immune human serum. This snake handler induced high levels of venom-specific IgG against poisonous snake venom proteins by using his own non-standardized, pure snake venoms from his snake collection. After experiencing anaphylaxis with the first six injections, he has subsequently tolerated both snakebites and his venom self-injections. Because his serum contains venom-specific IgE, in our opinion, his serum cannot be used as a source for anti-venom treatments in humans bitten by these poisonous snakes. As there are no available standardized, stable snake venom vacines, injections with snake venom must be considered both life threatening and experimental.

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HYDATID DISEASES PRESENTING AS A COMPLEX CLINICAL ALLERGIC SYNDROME.

M. Ishaq,* *Nowshera, Pakistan.*

Case History: A 74 years old lady presented with severe pain abdomen& lower chest, vomiting,hemoptysis,anorexia,gradual weight loss, itching /burning sensations all over body specifically with intake of fast food,bleeding per rectum diarrhea alternating with constipation,dyspnoea,dysphagia,episodes of pruritus,urticaria& wheezing attacks.At the time of allergic manifestations there was blood eosinophillia. She has a history of living with dog sheep, goat etc, for the last 25 years .On examination she has a rounded mass epigastrium& right hypochondrium down to the lower abdomen freely mobile. She has signs of cahexia & pallor, at the time of itching there were map like skin eruptions all over the body that fades out transiently with anti histamines to re-appear at intervals. On ultrasound scan,a cystic mass size 8.5cm in the right lobe of liver with fibrous stroma& septae.Right kidney markedly hydronephrophrotic with simple cyst of size 6.5cm in its lower pole,left with simple cyst size 2.8cm at the upper pole.With standard immunological testing the cysts proved to be hydatids cysts i.e,Echinococcus granulosus(Eg).She has mixed worms infection as medication with anti-helminths,i.e, Mebendazole(MZ)) she passed larvae/adult worms other than hydatids(Eg) etc.On her treatment for more than 0 2weeks with higher dose of (MZ) there was a gradual disruption of the cyst walls of hydatids(Eg) on ultrasound scan follow up for 2-4 months. Prolonged treatment with (MZ) has been equally associated with variable degree of allergic manifestations i.e, pruritus,irritation,rashes,alopecia,cough etc.
KHAN.MIM.ET:AL.AL.J.H.NSR.NWFP.PK

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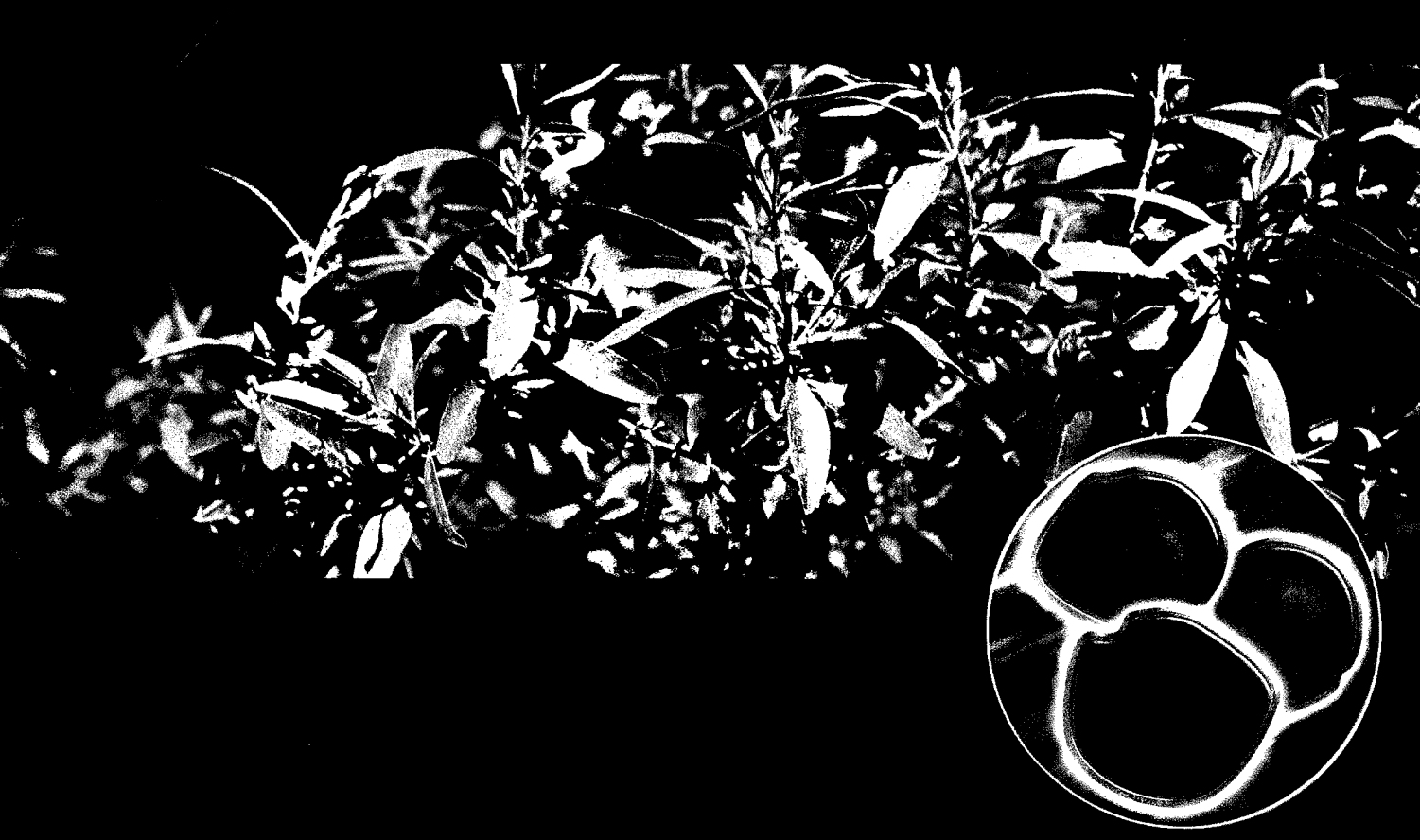

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