

過敏性休克診療新進展：臨床症狀與機轉

An update of anaphylactic shock: Clinical manifestations and mechanism

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Anaphylactic shock is an acute, dangerous and potentially life-threatening condition caused by an allergic reaction. Many people use the terms anaphylaxis and anaphylactic shock to refer to the same thing. Anaphylactic shock, however, is a complication of anaphylaxis that occurs when the blood pressure drops very low, and the blood has trouble circulating. Food allergens are the main triggers of anaphylaxis, accounting for 33%-56% of all cases and up to 81% of cases of anaphylaxis in children. Medications including non-steroid anti-inflammatory drugs and anesthetic agents are also common triggers in adult.

Most people develop symptoms of anaphylaxis within a few minutes of being exposed to an allergen. Less frequently, symptoms develop several hours later. The most common symptoms of an anaphylactic reaction include: nose, mouth, skin irritation, swelling of the mouth and throat, breathing difficulties, low blood pressure that can cause fainting, dizziness and confusion. The early symptoms of anaphylactic shock vary and may initially seem relative mild, including hives and itching. Early warning signs of anaphylactic shock include, turning blue or white, swelling of lips or face, cough, wheezing and hives.

The mechanisms underlying anaphylaxis are complex and involve several interrelated pathways. Mediators derived from mast cells and basophils after being exposed an allergen are the key development of anaphylaxis, while others may only modulate the severity of the reaction. The traditional nomenclature for anaphylaxis reserves the term anaphylactic for reactions mediated by IgE and the term anaphylactoid for non-IgE-mediated reactions. The World Allergy Organization has

recommended replacing this terminology with immunologic (IgE-mediated and non-IgE mediated) and nonimmunologic anaphylaxis (events resulting in sudden mast cell and basophil degranulation in the absence of immunoglobulins).

Here, today, we will introduce the warning clinical manifestations, predisposing factors and current understanding of the immunopathogenesis and pathophysiology of anaphylaxis.