PROPOFOL - INDUCED ANAPHYLAXIS, A RARE ENTITY WITH A MISLEADING PRESENTATION

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INTRODUCTION

In modern medicine, propofol is used extensively as one of the safest medications, with its ease of induction, and rapid recovery for both surgical interventions and outpatient procedures. Here we are reporting a rare case of anaphylactic reaction to propofol in a patient during a colonoscopy.

CONCLUSION

Anaphylaxis secondary to propofol is very rare but still exists which means both anesthesiologists and surgeons should keep it as part of their differential diagnosis.

REFERENCES

https://docs.google.com/document/d/1itl30E1nFxhKVijkbTfggaFYVbJScqrxfGLknw1rKKU/edit?usp=sharin

CASE PRESENTATION

A 66-year-old male with a past medical history of hypertension but not on any medication became desaturated during a screening colonoscopy. Oxygen support with an ambo-bag and face mask was initiated. He gradually became somnolent, with blood pressure (BP) of 80/55, heart rate (HR) of 130, with severe abdominal distention. The impression was colon perforation and given worsening respiratory distress, an endotracheal tube was placed. Two liters of normal saline and antibiotics were given. However, CXR showed no intraabdominal free air which subsequently was confirmed by abdominal CT scan. Meantime the chest CT revealed the tip of the endotracheal tube in the larynx. multiple attempts to reposition the tube were unsuccessful due to severe airway narrowing. At this time, the patient developed significant head and neck edema including lips, eyelids, and neck associated with cardiopulmonary collapse with BP: 70/40, HR:140, O2sat:70. Intramuscular epinephrine and Solu-Medrol were given. Bag mask ventilation was initiated and eventually, a surgical airway (cricothyroidotomy) was performed to secure the airway. After recovery, both intradermal and pin-prick tests showed positive response to propofol. He was discharged after decannulation of the tracheostomy without any issues.

DISCUSSION

The new formulation of propofol is considered a safe medication with a very low risk of causing allergic reactions [1,2]. However, if there are any concerns certain serological tests such as serum tryptase, skin prick test, or intra-dermal injection should be considered to guide diagnosis [3,4].

Treatment is similar to any anaphylactic reaction in which epinephrine, intravascular bolus of fluid, and steroids should be given [5].

We believe the prolonged face mask ventilation led to the significant abdominal distention which misled our initial diagnosis toward colon perforation rather than anaphylaxis. The history of an enlarged thyroid gland with a 2.5cm thyroid nodule along with ongoing severe angioedema made cricothyroidotomy even more challenging. Therefore, it is very important to be aware of the possibility of propofol-induced anaphylaxis to avoid these consequences.