



On-line Registry as a Tool for Describing Drug Hypersensitivities

Edgardo Jares M.D.
President-elect Slaai
President Fundación LIBRA

Epidemiology

- The true incidence of drug hypersensitivity (HDR) is not known.
- Studies that addressed HDR *per se* relied heavily on a clinical history:
 - temporal relationship
 - clinical features for the diagnosis.
 - Few studies with allergy evaluation

Concerns with epidemiological data in Drug Allergy

- HDR occur in diverse settings
- Treated by lay persons or various medical professionals
- Recognized, diagnosed and reported differently amongst countries
- It's difficult to get valid and comparable data on risk factors, elicitors and treatment details.
- Information is best collected in disease-specific registries

Registries in Allergology

- Valuable tools
- Potential to transform the way chronic diseases are approached
- Chronic disease registry: could improve its management in practice?
 - Well-constructed, validated registry: powerful data
 - Transform the ways in which we think about and practice medicine
- We developed a series of electronic database registries, using validated instruments when available

Latin American CSU Registry.

Maximiliano Gómez MD

Registro de Urticaria Crónica Espontánea

a) Criterios de inclusión:

- * Pacientes de ambos sexos y de cualquier edad con
- * Diagnóstico de certeza de la UCI: PRESENTACIÓN CLÍNICA DE URTICARIA CON O SIN ANGIOEDEMA DE MAS DE 6 SEMANAS DE DURACIÓN, INDEPENDIENTE DE SUS CAUSAS O DESENCADENANTES Y TRATAMIENTO PREVIO (EAACI / GALEN guidelines, Allergy 2009; 64:1417)
- * Antecedente de control parcial y / o temporal de los síntomas con antihistamínicos, y
- * Co-morbilidad bajo control

b) Criterios de exclusión:

- * Cambios en el estado o el tratamiento de enfermedades asociadas que podrían tener influencia en la afección
- * Desencadenantes identificados tras iniciación efectiva del tratamiento, con remisión de los síntomas al evitarlos

Informe a su paciente sobre este registro anónimo, y consígnelo en su historia clínica

Nombre del Médico*

País*

Edad del paciente*
en años

242 -Latin American Chronic Urticaria Registry (CUR)

Gomez RM, Jares EJ, Baena-Cagnani CE, Ivancevich JC, Cepeda A, de Zubiría E, Sisul JC, Lavrut J, Díaz MC, Tinoco I, and Slaai* CUR Study Group (Mofín Maciel BM, Ratti Sissa H, Slulitell P, Fischer A, Spinelli S, Rodríguez O, Ramírez Aragón D, Rojo MI).

*Sociedad Latinoamericana de Alergia, Asma e Inmunología (SLaai)

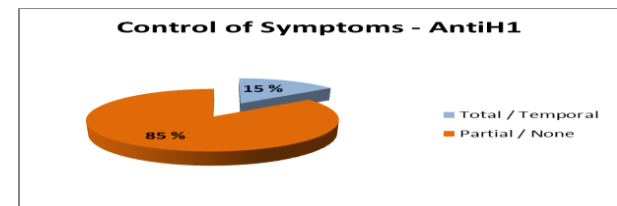
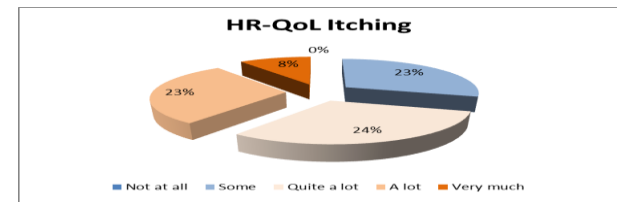
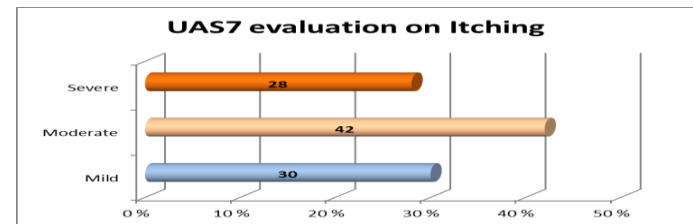
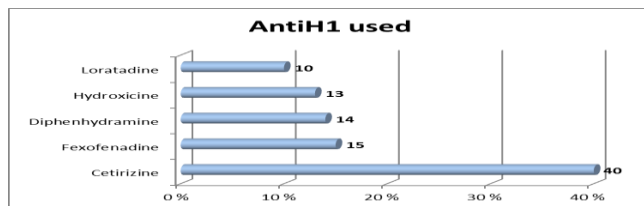
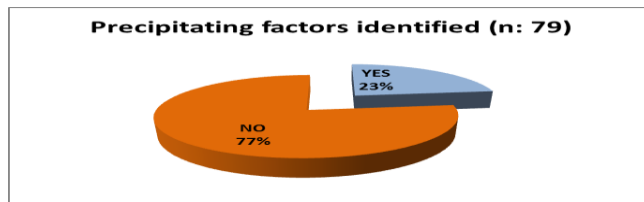
Background: Chronic spontaneous urticaria is characterized by wheals and flares lasting over 6 weeks, with or without angioedema, presenting a wide spectrum of severity. Registries are valuable tools to gain insight about features of CSU in the region. Here we report on selected results collected up to 10 jan 2014 in this registry, the first ever CUR to our knowledge.

Objective: to provide a tool where characteristics of CSU´s patients can be identified and analyzed.

Methods: the authors developed an electronic database registry on line, including: demographic data, CSU time elapsed, identification of triggers and severity of symptoms (based on UAS7), quality of life aspects reported by patient(based on CU-HRQoL), and all laboratory measurements available and clinical evaluations performed. The criteria for patients inclusion were described on P241.

Results:

Demographics and Lab results	N: 79
Median age (range)	21.2y (3-63)
Female	62%
Lenght of urticaria (range)	14.8m (1.5-200)
IgE median level (range) IU/ml	237.5 (6-1400)
IgG + to Mycoplasma	15%
Eosinophils media (range)	3.8 (0-19) %
Presence of Parasites (n:43)	(+) in 5%
Autologous Serum Skin Test (n:15)	(+) in 33%



Conclusions: this is the first ever registry on chronic spontaneous urticaria, including the most relevant aspects of these patients, in order to understand their clinical features and search for the best approach on diagnosis and management in future, as well as guidelines knowledge and implementation.

Three out of 4 patients had no identified exacerbating factor, with same proportion of patient having seriously affected their Quality of Life. A revision on the efficacy of antiH1 (doses and generation) in this particular condition is mandatory since most of patients had partial or no control of symptoms at all.

(Fundación Ayre (Salta, Argentina) y Fundación LIBRA (Buenos Aires, Argentina))

Latin American Allergic Conjunctivitis Registry:

Susana De Barayazarra MD

Registro Latinoamericano de Conjuntivitis Alérgica

La conjuntivitis alérgica es la inflamación de la conjuntiva ocular, caracterizado principalmente por síntomas como: picor, lagrimeo, inyección conjuntival, edema quemosis y fotofobia. Puede ser estacional o perenne.

El objetivo de este Registro es establecer la prevalencia de Conjuntivitis Alérgica en Latinoamérica y valorar su impacto en las actividades cotidianas de los pacientes, debido a la importancia en los aspectos sociales, económicos, y su alteración en la calidad de vida.

Se recabarán datos de filiación de cada paciente y Cuestionario de Impacto de la Alergia Ocular en Pacientes (Juniper).

País*

Nombre del médico*

Iniciales del paciente*

edad*
en años

Social networks and bronchial asthma.

Ivan Cherrez-Ojeda

UJAR EL USO DE REDES SOCIALES ENTRE PACIENTES CON ASMA

Estimado paciente

Estamos conduciendo este estudio para investigar el uso de mensajes de texto, redes sociales (por ej: facebook) y correo electrónico, entre las persona con ASMA. Dependiendo de los resultados, podremos decidir el uso de uno o más de estos métodos para mejorar el cuidado de nuestros pacientes con ASMA. Por favor ayúdenos a completar este breve cuestionario. Toda la información que usted nos facilite permanecerá confidencial y anónima. Su participación es completamente voluntaria y esto no afectará sus cuidados médicos en ninguna manera. Por favor entregar el cuestionario completo al entrevistador. Gracias.

Por favor responder las siguientes preguntas, si no prefiere contestar una pregunta en particular, por favor dejarla en blanco.

nombre

fecha

Mes ▼	Día ▼	2015 ▼	31
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Tipo de Consulta

- ☐ pública
- ☐ privada

Astma in Elderly Patients Registry

Anahi Yañez MD



Asma en el Adulto Mayor en Latinoamérica

*Obligatorio

Nombre del Médico *

País *

Nombre o iniciales del paciente *

MEETING ABSTRACT

Open Access

Clinical characteristics of asthma in the elderly in Argentina

Anahi Yanez^{1*}, Susana De Barayazarra², Marcela Soria³, Edgardo Jares⁴, Carlos Bueno⁵, Nancy Recuero⁶

From 3rd WAO International Scientific Conference (WISC) 2014
Rio de Janeiro, Brazil. 6-9 December 2014

Background

Few studies have focused on the characteristics of asthma in the elderly (AIE). Our study reflects the characteristics of old adults living in Buenos Aires who have been diagnosed of asthma.

Methods

An observational descriptive study was performed at five different health care facilities in Buenos Aires. Clinical records during three months of 2014 were searched. Allergists reviewed all clinical histories and elderly was defined as older than 60 years. Clinical and laboratory characteristics were assessed, including severity of

aeroallergens (20%) also triggered anaphylaxis. The chest radiograph was normal in the majority of the patients (89%). Elevated IgE and eosinophilia were only found in 4% and 30% of the patients, respectively.

Conclusions

This is a retrospective study of AIE patients in Argentina. Better understanding of disease characteristics is needed to improve disease management.

Authors' details

¹Inaer - Investigaciones En Alergia y Enfermedades Respiratorias, Argentina.

²Servicio De Alergia e Inmunología Hospital San Roque, Argentina. ³Hospital

MEETING ABSTRACT

Open Access

Comorbidities of asthma in the elderly in Argentina

Anahi Yanez^{1*}, Marcela Soria², Susana De Barayazarra³, Nancy Recuero³, Edgardo Jares⁴, Carlos Bueno⁵

From 3rd WAO International Scientific Conference (WISC) 2014
Rio de Janeiro, Brazil. 6-9 December 2014

Background

Relatively little attention has been paid to asthma in elderly (AIE) subjects. Our goal is to describe the comorbidities in an Argentinean old population with asthma.

Methods

An observational descriptive study was performed at five different health care facilities in Buenos Aires. Clinical records during three months of 2014 were searched. Allergists reviewed all clinical histories and elderly was defined as older than 60 years. We evaluated the presence of comorbidities in old patients diagnosed with asthma.

Results

Total 152 patients were included and their average age

(48%) presented chronic rhino sinusitis or allergic rhinitis.

Conclusions

Understanding comorbidities associated with AIE may identify at-risk patient populations, improve disease management, and guide treatment advances.

Authors' details

¹Inaer - Investigaciones En Alergia y Enfermedades Respiratorias, Argentina. ²Hospital Zona General De Agudos Dr. Ricardo Gutierrez, Argentina. ³Servicio De Alergia e Inmunología Hospital San Roque, Argentina. ⁴Private Medical Centers SA, Argentina. ⁵Universidad De Buenos Aires, Argentina.

Published: 8 April 2015

Anaphylaxis in Latin America

Dirceu Sole and Juan Carlos Ivancevich

- Online Latin American Survey of Anaphylaxis (OLASA)
- Developed by Latin American Society of Allergy, Asthma and Immunology
- 634 patients from 15 countries were registered

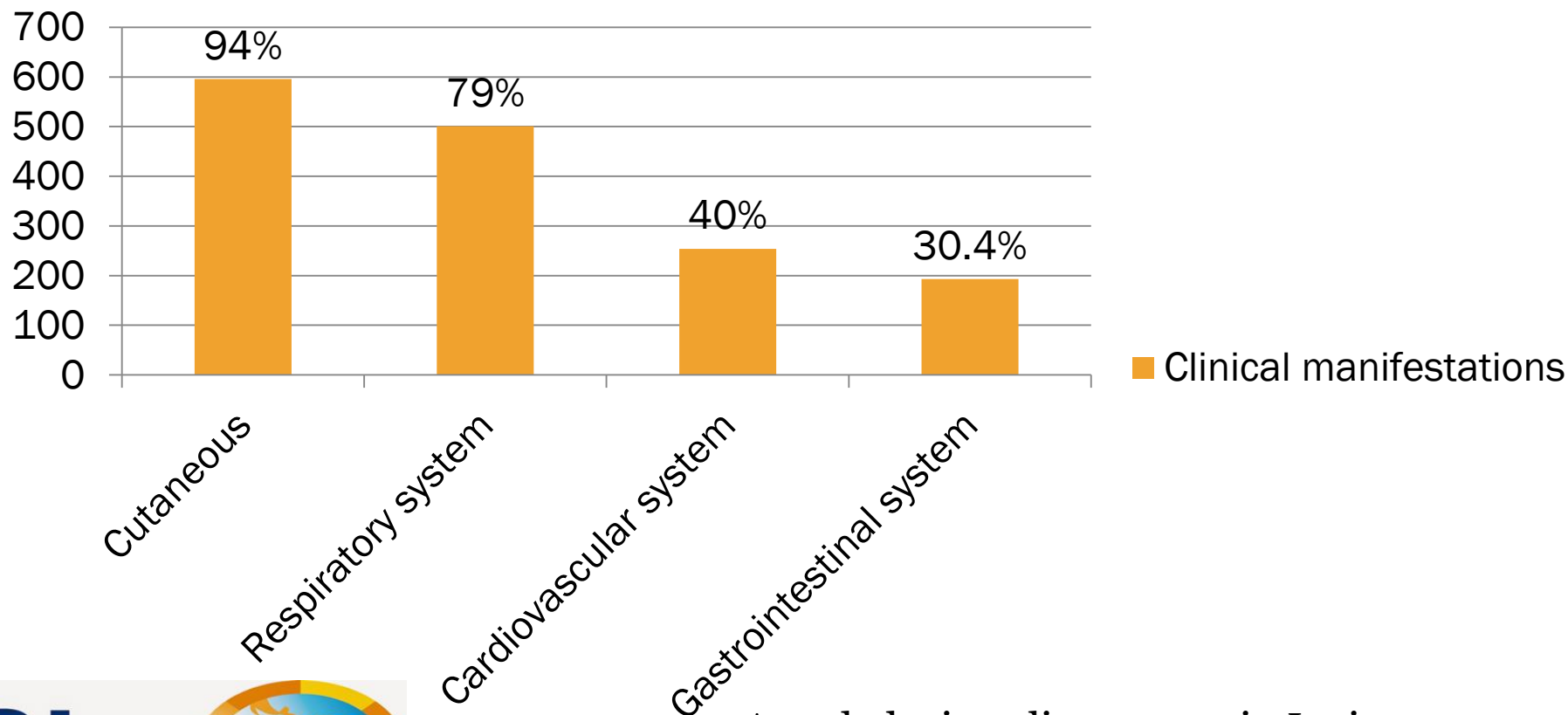


Anaphylaxis online survey in Latin America

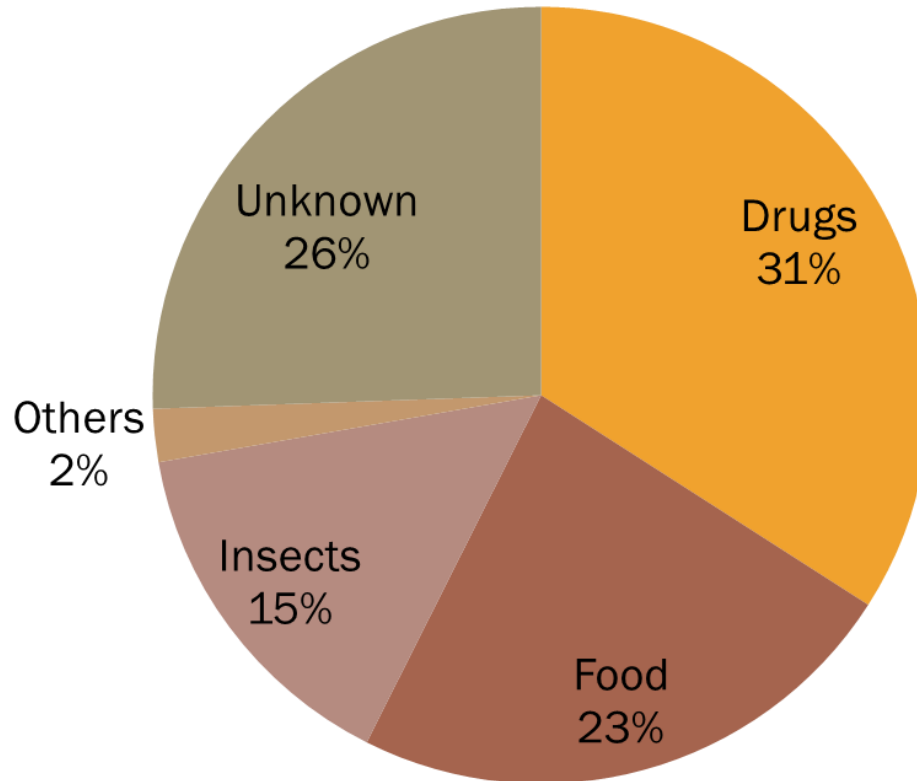
Sole D et al. Clinics, 2011 66(6):943-947

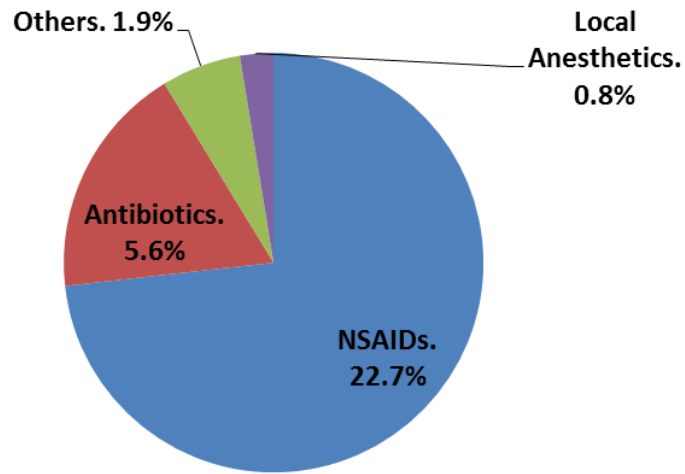
Anaphylaxis in Latin America

Clinical manifestations

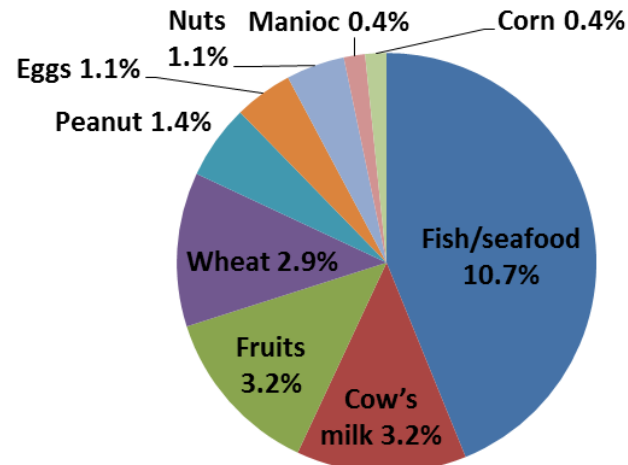


Anaphylaxis in Latin America

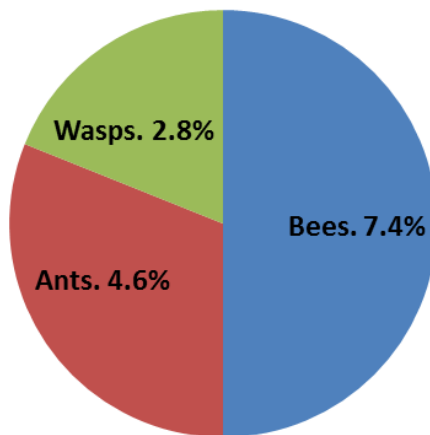




Drugs: 31.2%

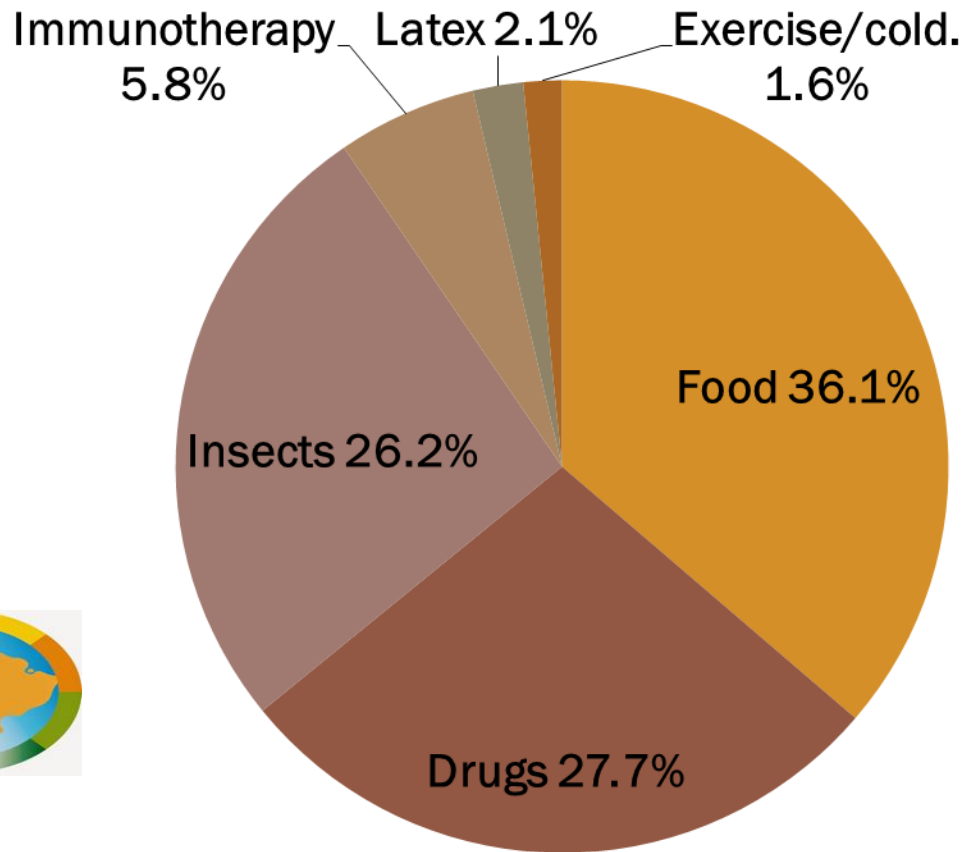


Food: 23.3%



Insects: 14.8%

Main Inducers in 191 children



Registries in Drug Allergy

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the middle of the slide.

Fluorescein Hypersensitivity Reactions

Alicia De Falco, Susana De Barayazarra, Edgardo Jares MD

PREVENCIÓN DE REACCIONES A FLUORESCEINA

evaluación de riesgo: Habitual: paciente sin antecedentes de alergia, ni reacciones adversas en administración previa de fluoresceína o MCRI.

Elevado: paciente con antecedentes de atopia, antecedentes de alergia a medicamentos

Antecedentes de reacciones leves a moderadas con MCRI. Antecedentes de reacciones leves a moderadas con fluoresceína

Muy elevado: antecedentes de reacciones severas con MCRI o fluoresceína

Nombre y apellido*



Edad*

en años

Sexo*

- ☐ M
- ☐ F

Solicitante

SCAR in Latin America

Carlos Serrano MD

RACGRAD registro

Encuesta de reacciones graves retardadas por medicamentos.

**Obligatorio*

médico

País

Nombre o iniciales del paciente

Género

☐ M

☐ F

Fecha de Nacimiento

Fecha de la Reacción

Resumen de Historia Clínica (breve)

Perioperative Hypersensitivity in Latin America

Edgardo Jares MD, Juan Carlos Ivancevich MD

Registro Latinoamericano de Hipersensibilidad Perioperatoria

DEFINICIONES PARA EL LLENADO DE ENCUESTA:

CRITERIOS DE INCLUSIÓN

Paciente que en la consulta con el especialista refiere reacción sospechosa de hipersensibilidad relacionada con una intervención quirúrgica, odontológica, o procedimiento diagnóstico con utilización de medicamentos anestésicos locales o generales, ya sea en atención ambulatoria o estando internado.

Que la reacción haya ocurrido dentro de los 2 años anteriores a la consulta.

RELACIÓN DE CAUSALIDAD

CIERTA: Relación temporal entre la administración del agente y el signo o síntoma.

El síntoma o signo desapareció al suspender el agente y reapareció al administrarlo nuevamente.

El síntoma o signo se asoció con el fármaco con anterioridad y no pudo ser explicado por la enfermedad del paciente, enfermedades asociadas o por otras drogas o tratamientos.

PROBABLE: Igual que la anterior pero no hubo readministración del fármaco o nuevo contacto con el agente causal.

POSIBLE: Igual que la anterior pero el síntoma o signo pudo explicarse por la enfermedad del paciente, enfermedades asociadas o por otros fármacos o tratamientos concomitantes.

NO RELACIONADA O DUDOSA: Carece de reportes previos de asociación con el fármaco y no cumple con los criterios anteriores para establecer una relación de causalidad.

CONDICIONAL: La secuencia temporal es razonable y la reacción no se explicó por el estado clínico del paciente, pero el cuadro presentado no es conocido como efecto indeseable del agente implicado.

CLASIFICACIÓN DE GRAVEDAD: (Brown SG. Clinical features and severity grading of anaphylaxis.

J Allergy Clin Immunol 2004; 114:371-6.)

Grado I: LEVE: Presencia de signos cutáneos y/o subcutaneos. (eritema generalizado, urticaria, angioedema, edema periorbital)

Grado II: MODERADA: compromiso respiratorio, cardiovascular y/o gastrointestinal (disnea, estridor, sibilancias, náuseas, vómitos, mareos, presíncope, sudoración, opresión precordial o faríngea, o dolor abdominal)

Grado III: GRAVE Presencia de reacciones que amenazan la vida: hipoxia, hipotensión, compromiso neurológico, colapso cardiovascular, taquicardia o bradicardia, arritmias, broncoespasmo severo, pérdida de conocimiento.

*Obligatorio

Nombre del Médico *

País *



Latin American Survey of Perioperative Hypersensitivity Reactions

- On line survey
- Spanish
- SLaaI network
- Began February 2013



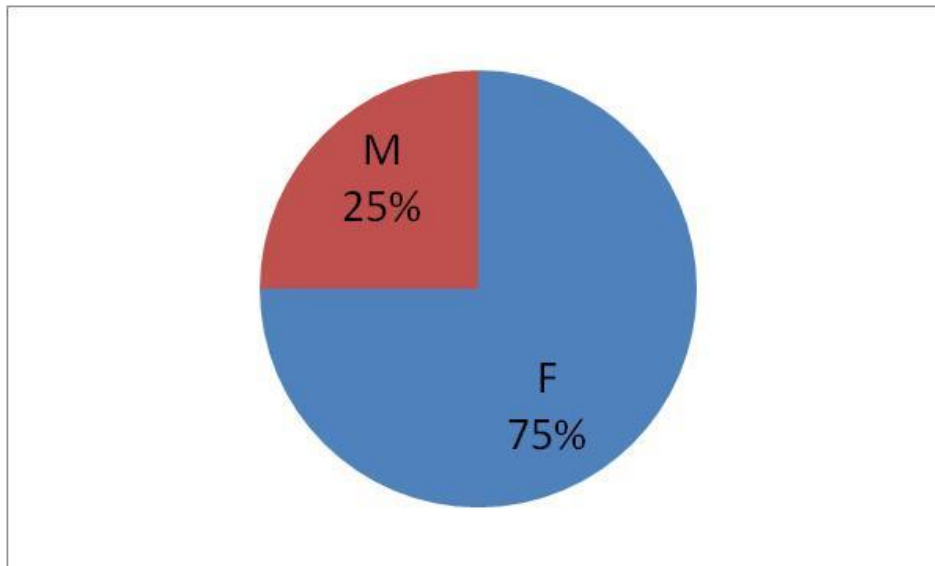
Jares E, Ivancevich J, et al, Perioperative Latin-American
Hypersensitivity Reactions. unpublished



Preliminary Report

- 42 patients, Avg Age: 41.28 ys
- 27 perioperative, 13 odontological reactions, 2 occupational

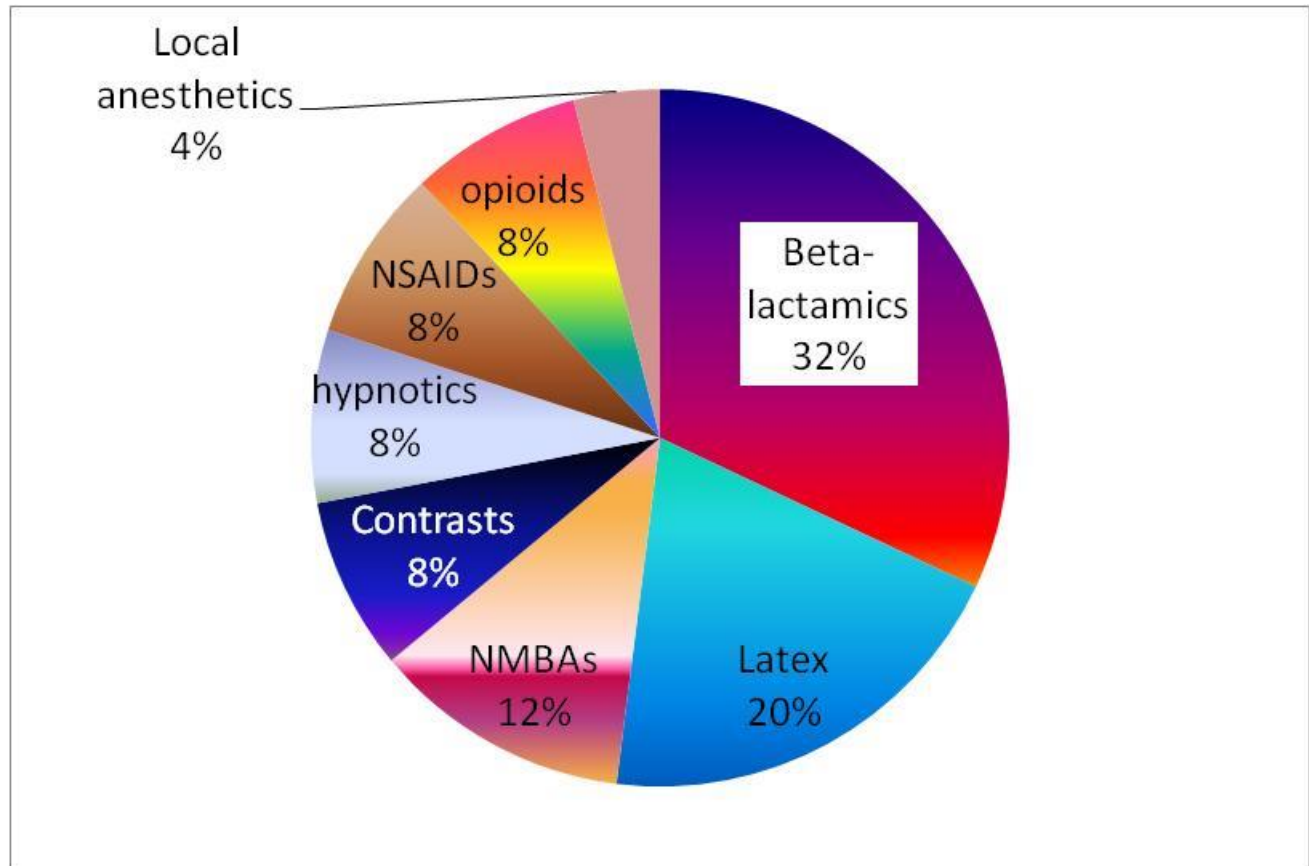
- Sex:



Jares E, Ivancevich J, et al, Perioperative Latin-American Hypersensitivity Reactions. unpublished



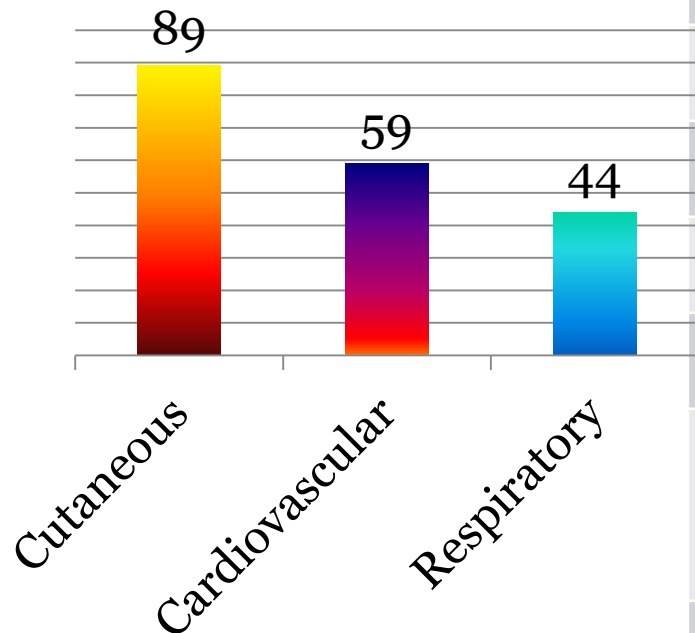
Latin America Perioperative Hypersensitivity Reactions



Jares E, Ivancevich J, et al, Perioperative Latin-American Hypersensitivity Reactions. unpublished



Clinical manifestations of intra-operative anaphylaxis in the cases evaluated



System	Clinical sign(s)	<i>n</i> =27
Cutaneous, <i>n</i> (%)		24 (88.8)
	Rash	8 (29.6)
	Urticaria	14 (51.8)
	Angioedema	10 (37)
	Itching	2 (7)
Respiratory, <i>n</i> (%)	Bronchospasm, dyspnoea, cough	12 (44.4)
Cardiovascular, <i>n</i> (%)		16 (59.2)

Jares E, Ivancevich J, et al, Perioperative Latin-American Hypersensitivity Reactions. unpublished

Edgardo J. Jares, MD¹, Ricardo Cardona-Villa, MD², Carlos E. Baena-Cagnani, MD³, Luis Felipe C. Ensina, MD⁴, Juan C. Ivancevich, MD⁵, Alfredo Arias Cruz, MD⁶, Maximiliano Gómez, MD⁷, Mabel Noemi Cuello, MD⁸, Paola Toche Pinaud, MD⁹, Blanca Maria Morfin-Maciell, MD¹⁰, Alicia De Falco, MD¹¹, Adolfo Salvatierra, MD¹², Juan F. Schuhl, MD¹³, Ivan Oswaldo Tinoco Moran, MD¹⁴, Susana Barayzarra, MD¹⁵, Andrea Zanacchi, MD¹⁶ and Mario Sánchez-Borges, MD¹⁶⁽¹⁾. C.M.P. SA, Buenos Aires, Argentina, (2)Universidad de Antioquia, Colombia, (3)Catholic University of Cordoba, Cordoba, Argentina, (4)Universidade Federal de São Paulo, Brazil, (5)Division of Immunology, Medical School, Universidad del Salvador, Buenos Aires, Head of the Division of Allergy and Immunology, Clinica Santa Isabel, Buenos Aires, Argentina, (6)Hospital Universitario, Monterrey, Mexico, (7)Hospital San Bernardo, Salta, Argentina, (8)Consultorios San Juan, San Juan, Argentina, (9)Clinica Las Condes, Santiago, Chile, (10)Hospital Mocol, Mexico City, Mexico, (11)Universidad Nacional de La Plata, La Plata, Argentina, (12)Fundair, San Luis, Argentina, (13)British Hospital, Montevideo, Uruguay, (14)Clinica Torre Medica Para La Familia, Machala, Ecuador, (15)Nuevo Hospital San Roque, Córdoba, Argentina, (16)Clinica El Avila, Caracas, Venezuela

Rationale

Agents triggering perianesthetic hypersensitivity reactions vary among reports, and data from Latin American countries are scarce.

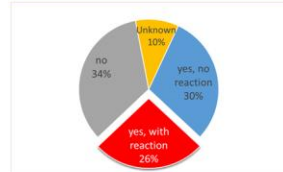
Methods

A descriptive cross sectional study using an online questionnaire was prepared. Nineteen allergy units from 11 Latin American countries were invited to participate, as well as members of the Latin American Society Network. Patients with a suspected hypersensitivity reaction related to surgical, dental or diagnostic procedures using local or general anesthesia, and occurring in the last 2 years were included. Causal relationship was categorized into certain, probable, possible, unlikely, and conditional, according to WHO-UMC Causality Categories (1). Severity was graded as mild, moderate and severe. (2) Anaphylaxis was defined as a moderate or severe reaction occurring less than 24 hours after the administration of the drug, with urticaria and/or angioedema (UIA), and respiratory (cough, dysphonia, dyspnea, wheezing/bronchospasm, rhinitis, rhinorrhea, sneezing, nasal obstruction), and/or gastrointestinal (nausea/emesis, diarrhea, gastrointestinal cramps) (R-GI) and/or cardiovascular (tachycardia, hypotension, collapse, arrhythmia) symptoms (CV) (3-4)

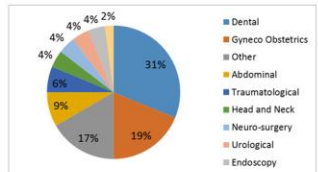
Results

48 patients were evaluated, mean age 41 years, 75% female. Atopic background was present in 25 patients (52%)
Forty % of reaction occurred during induction, 17% during maintenance, 8% during recovery and 35% post-recovery.
The inducer drug was received previously by 56% of patients, presenting reactions 26% of them.

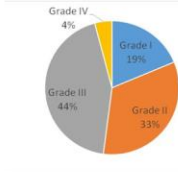
Previous administration of the same drug



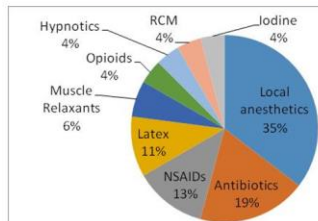
Type of Intervention



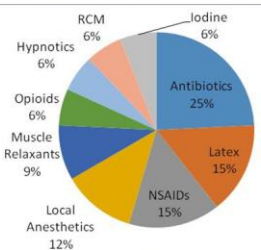
Severity



Putative Inducers



Putative Inducers (without dental procedures)



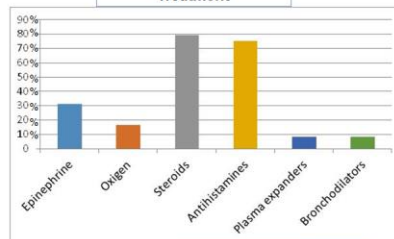
Local anesthetics involvement: All reactions vs reactions without dental procedures
 $P < 0.05$; $OR = 3.9$

Anaphylaxis and epinephrine use

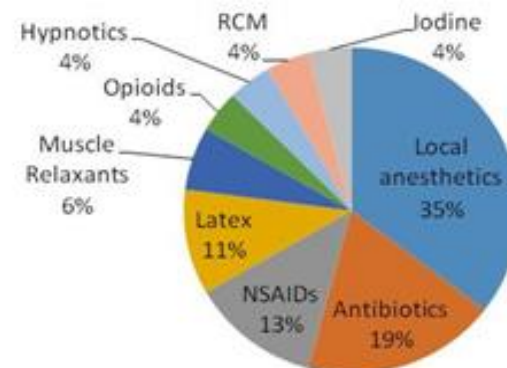
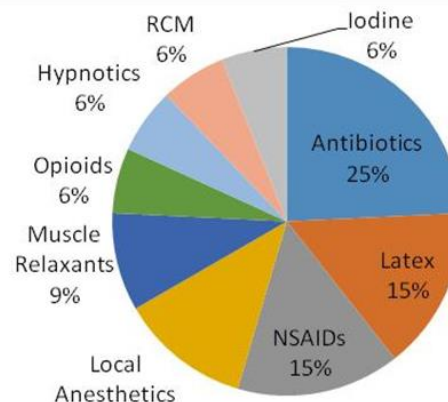
Anaphylaxis was present in 71.8% of patients.

Epinephrine was used in 31% of patients with respiratory and/or gastrointestinal predominant symptoms, 33% of patients with cardiovascular predominant symptoms, and 43% of patients with both systems symptoms.

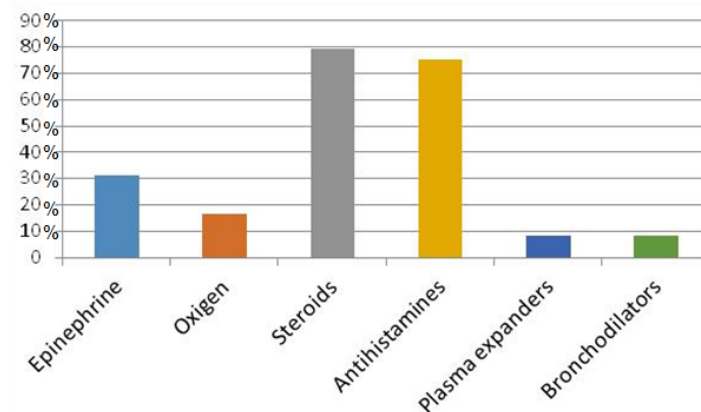
Treatment



Putative Inducers (without dental procedures)



Treatment



Conclusions

Local anesthetics were the most frequent drugs implicated. Antibiotics, latex and NSAIDs were the most common culprit drugs when dental procedures were excluded. In contrast with reports from other countries, muscle relaxants had a minor role in the present study. Dental interventions had an increased risk of local anesthetic reactions. More than ¼ patients presented previous reactions with the same drug. In sharp contrast with recommendations, epinephrine was used in less than 35% of anaphylactic reactions, and in 43% when there was cardiovascular and respiratory involvement.

Registro Latinoamericano de Reacciones a Medicamentos

DEFINICIONES PARA EL LLENADO DE ENCUESTA: 1º) RELACIÓN DE CAUSALIDAD

CIERTA: Relación temporal entre la administración del fármaco y el signo o síntoma.

El síntoma o signo desaparece al suspender el fármaco y reaparece al administrarlo nuevamente. El síntoma o signo se ha asociado con anterioridad y no puede ser explicado por la enfermedad del paciente, enfermedades asociadas o por otras drogas o tratamientos.

PROBABLE: Igual que la anterior pero no hubo readministración del fármaco

POSIBLE: Igual que la anterior pero el síntoma o signo puede explicarse por la enfermedad del paciente, enfermedades asociadas o por otros fármacos o tratamientos concomitantes.

NO RELACIONADA O DUDOSA: Carece de reportes previos y no cumple con los criterios anteriores para establecer una relación de causalidad.

CONDICIONAL: la secuencia temporal es razonable y la reacción no se explicaría por el estado clínico del paciente, pero el cuadro presentado no es conocido como efecto indeseable del fármaco implicado

2º) CLASIFICACIÓN DE GRAVEDAD **LETALES:** Contribuyen directa o indirectamente a la muerte del paciente.

GRAVES: La reacción amenaza directamente la vida del paciente, puede requerir hospitalización. (Ej Edema de glotis, shock anafiláctico, S Steven Johnson)

MODERADAS: La reacción interfiere con las actividades habituales, puede producir hospitalización, o ausencias escolares o laborales sin amenazar directamente la vida del paciente, (urticaria generalizada, angioedema sin afectación glótica)

LEVES: Con signos y síntomas fácilmente tolerados, no necesita antídoto, generalmente de corta duración, no interfieren sustancialmente en la vida normal del paciente, ni prolongan la hospitalización. (urticaria leve, rash maculopapular)

***Obligatorio**

Nombre del Médico *

País *

PACIENTE: *

FECHA DE LA ENCUESTA:



Registro Latinoamericano de Reações a Medicamentos

DEFINIÇÕES PARA O PREENCHIMENTO DO REGISTRO:

1) RELAÇÃO DE CAUSALIDADE

CERTA: Relação temporal entre a administração do fármaco e início dos sintomas

O sintoma ou sinal desaparece ao suspender o fármaco e reaparece ao administra-lo novamente.

O sintoma ou sinal não pode ser explicado pela doença do paciente, doenças associadas ou por outras drogas ou tratamentos.

PROVÁVEL: Igual ao anterior mas sem haver a readministração do fármaco

POSSÍVEL: Igual ao anterior mas o sintoma ou sinal pode ser explicado pela doença do paciente, doenças associadas ou por outros fármacos ou tratamentos concomitantes.

NÃO RELACIONADA OU DUVIDOSA: Não existem registros prévios e não cumpre com os critérios anteriores para estabelecer uma relação de causalidade.

CONDICIONAL: a sequência temporal é razoável e a reação não se explicaria pelo estado clínico do paciente, mas o quadro apresentado não é conhecido como efeito indesejável do fármaco implicado.

2) CLASSIFICAÇÃO DA GRAVIDADE

LETAIS: contribuem direta ou indiretamente a morte do paciente.

GRAVES: A reação ameaça diretamente a vida do paciente, pode requerer hospitalização (Ex. edema de glote, choque anafilático, Stevens-Johnson, DRESS)

MODERADAS: A reação interfere com as atividades habituais, pode produzir hospitalização, ou ausências no trabalho/escola sem ameaçar diretamente a vida do paciente (urticária generalizada, angioedema).

LEVES: Com sinais e sintomas facilmente tolerados, geralmente de curta duração, não interferem substancialmente na vida normal do paciente, nem prorrogam a hospitalização (urticária leve, rash maculopapular).

*Obrigatorio

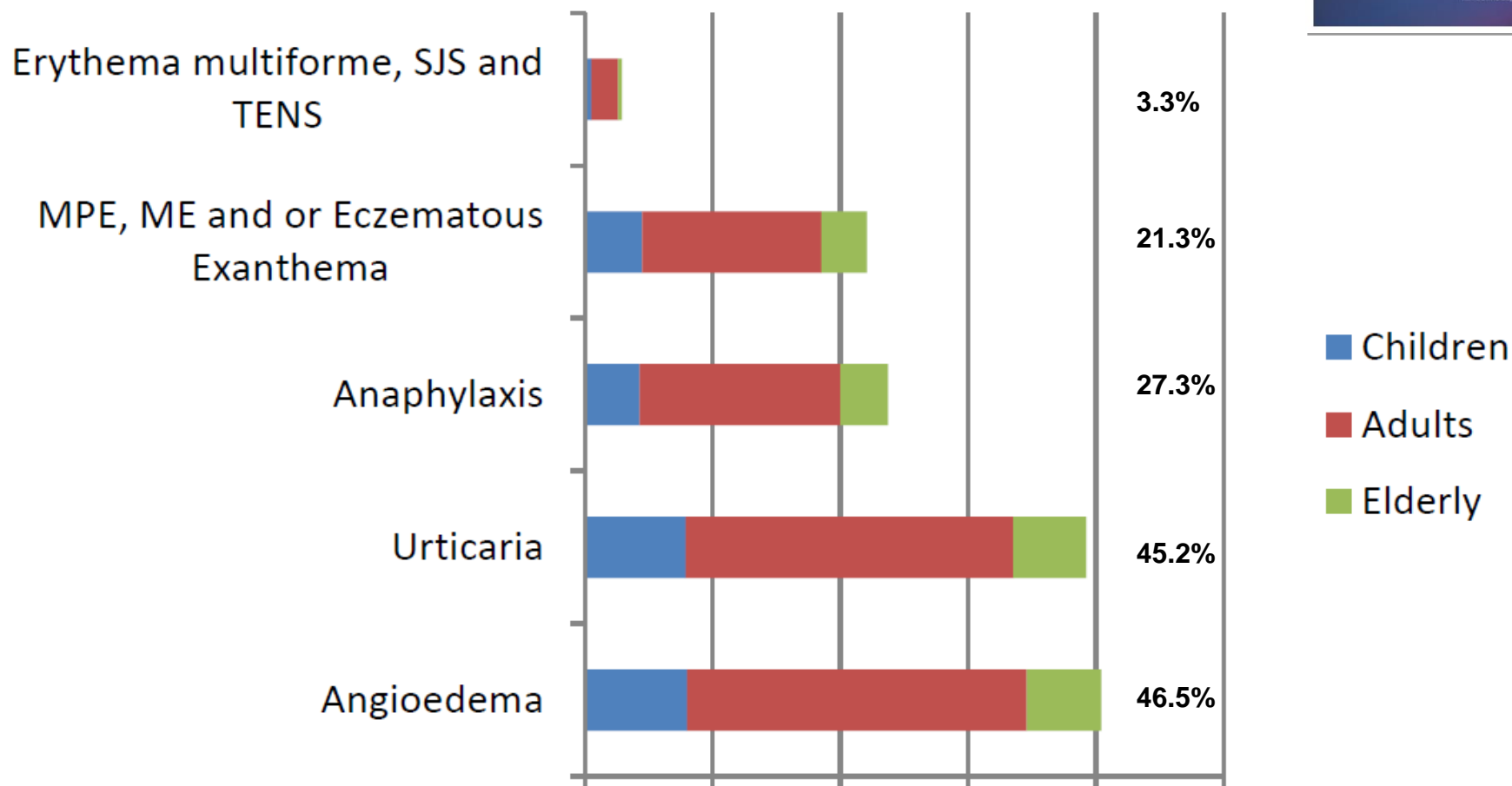
Nome do médico *

País *

Multinational experience with hypersensitivity drug reactions in Latin America

868 HDRs in 862 patients were included in this analysis

Clinical Presentation: Almost 70 % of the cases presented with urticaria and/or angioedema



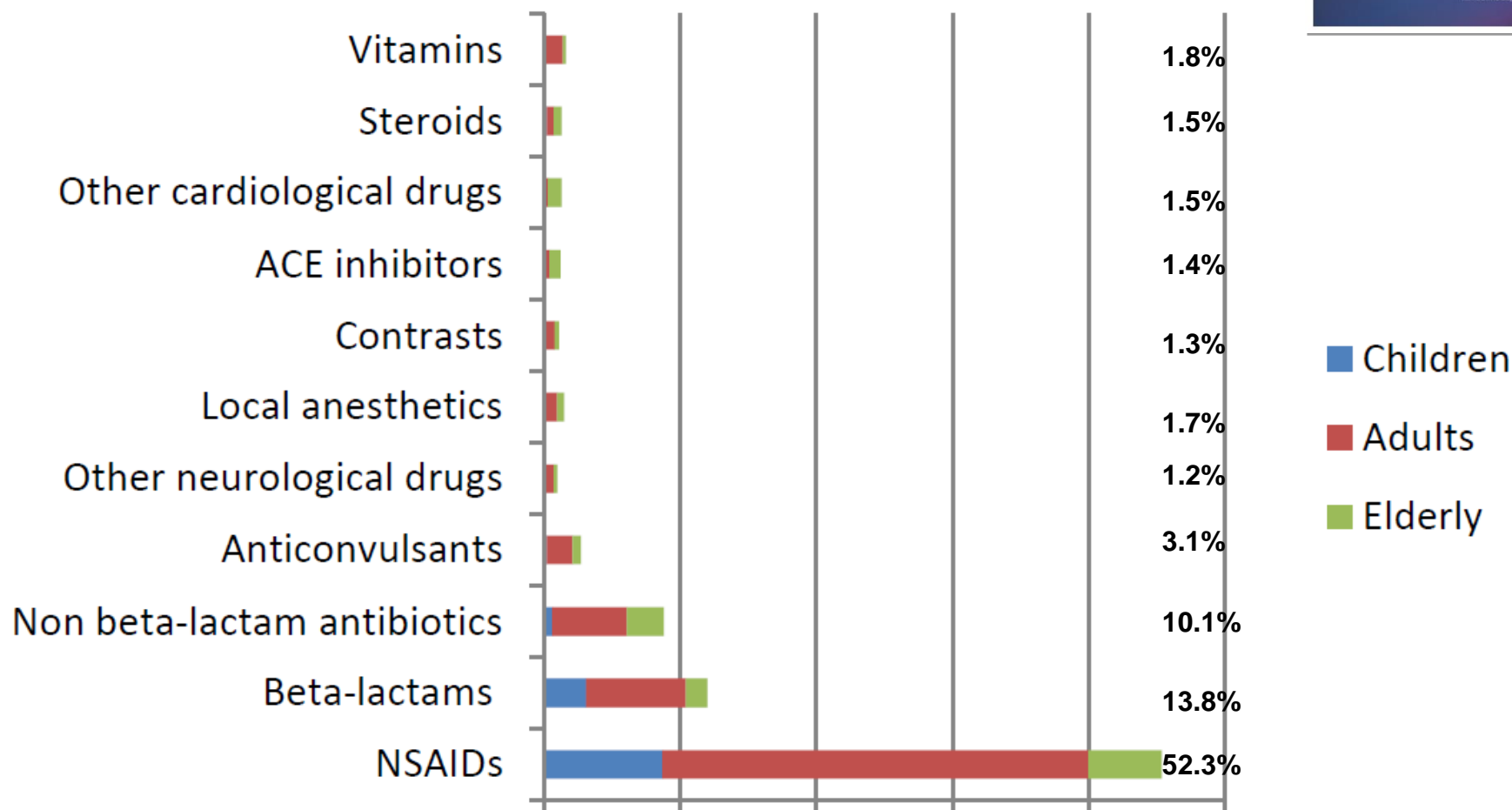
E.J. Jares et al. / Ann Allergy Asthma Immunol 113 (2014)

Multinational experience with hypersensitivity drug reactions in Latin America

Annals of Allergy, Asthma
& Immunology



Drug Groups: Certain and Probable Reactions

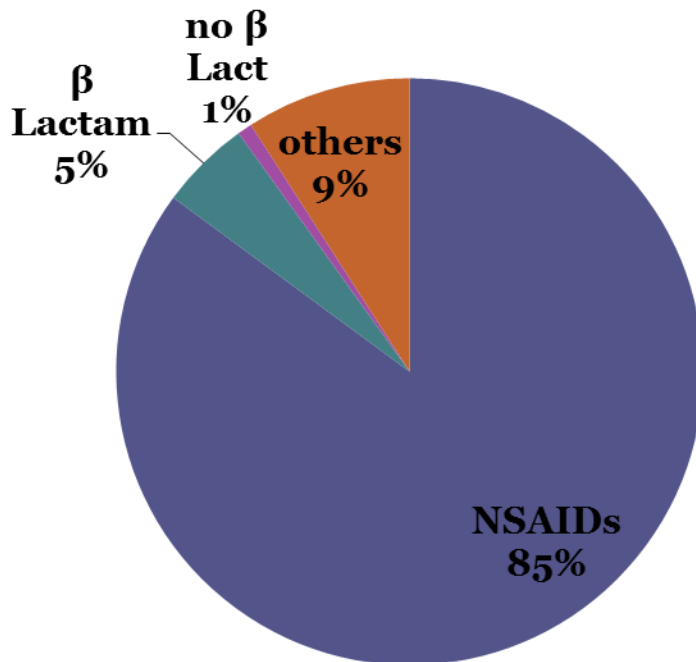


E.J. Jares et al. / Ann Allergy Asthma Immunol 113 (2014)

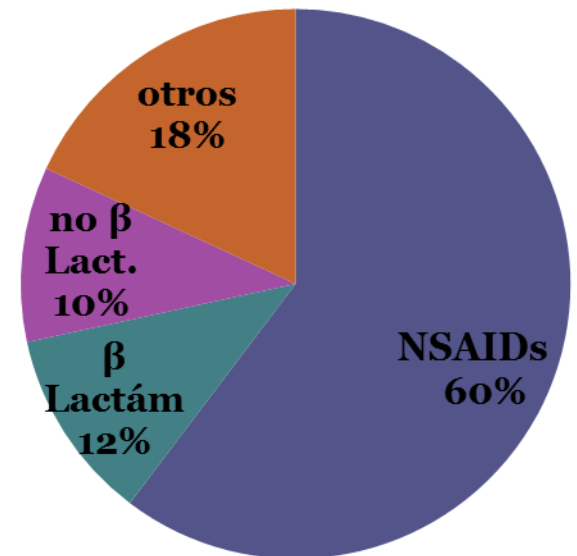
Difference in Inducers by Countries

Countries with high prevalence of HDR induced by NSAIDs

Brazil



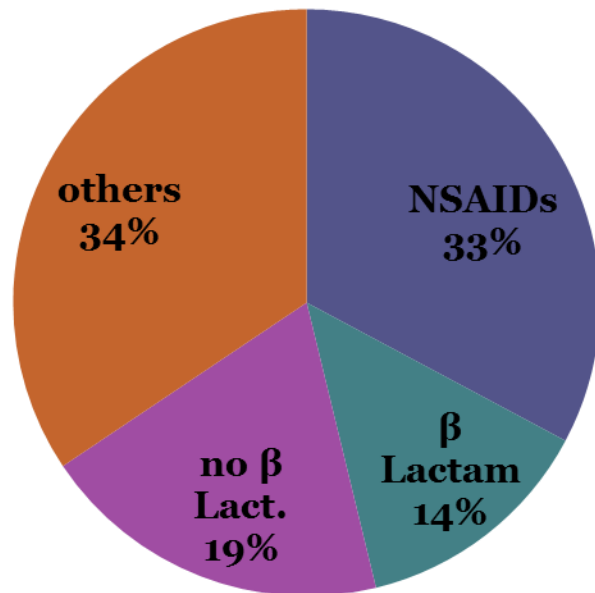
Ecuador, Venezuela, Colombia



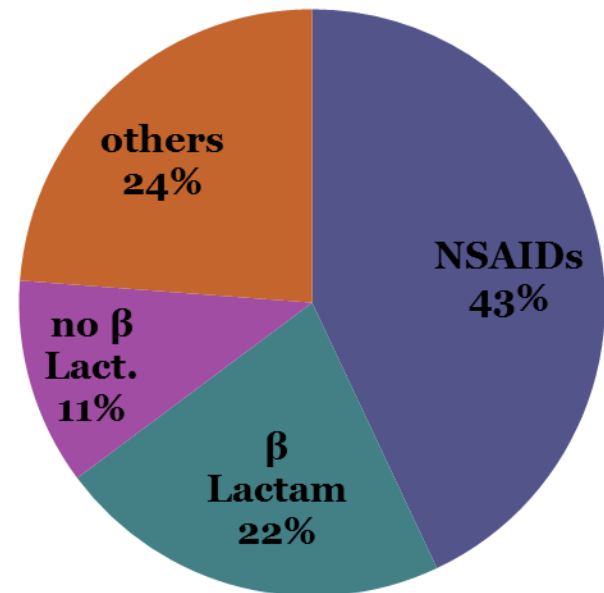
Difference in Inducers by Countries

Countries with low prevalence of HDR induced by NSAIDs

Mexico



Argentina, Chile, Uruguay



B Lactams in children

- Beta-lactams were more frequently involved in uncertain and non-related reactions in children compared with adults
 - Possible explanation: exanthematic reactions in children treated with b-lactams during viral infections.
 - nonpruritic maculopapular rash occurs frequently during febrile illnesses
 - The immune response to an antibiotic could be altered by a response to the viral infection
 - Complement activation and release of anaphylatoxins (C3a and C5a), resulting in an allergic-like reaction

Caubet JC et al. The role of penicillin in benign skin rashes in childhood: a prospective study based on drug rechallenge. *J Allergy Clin Immunol.* 2011;127:218.

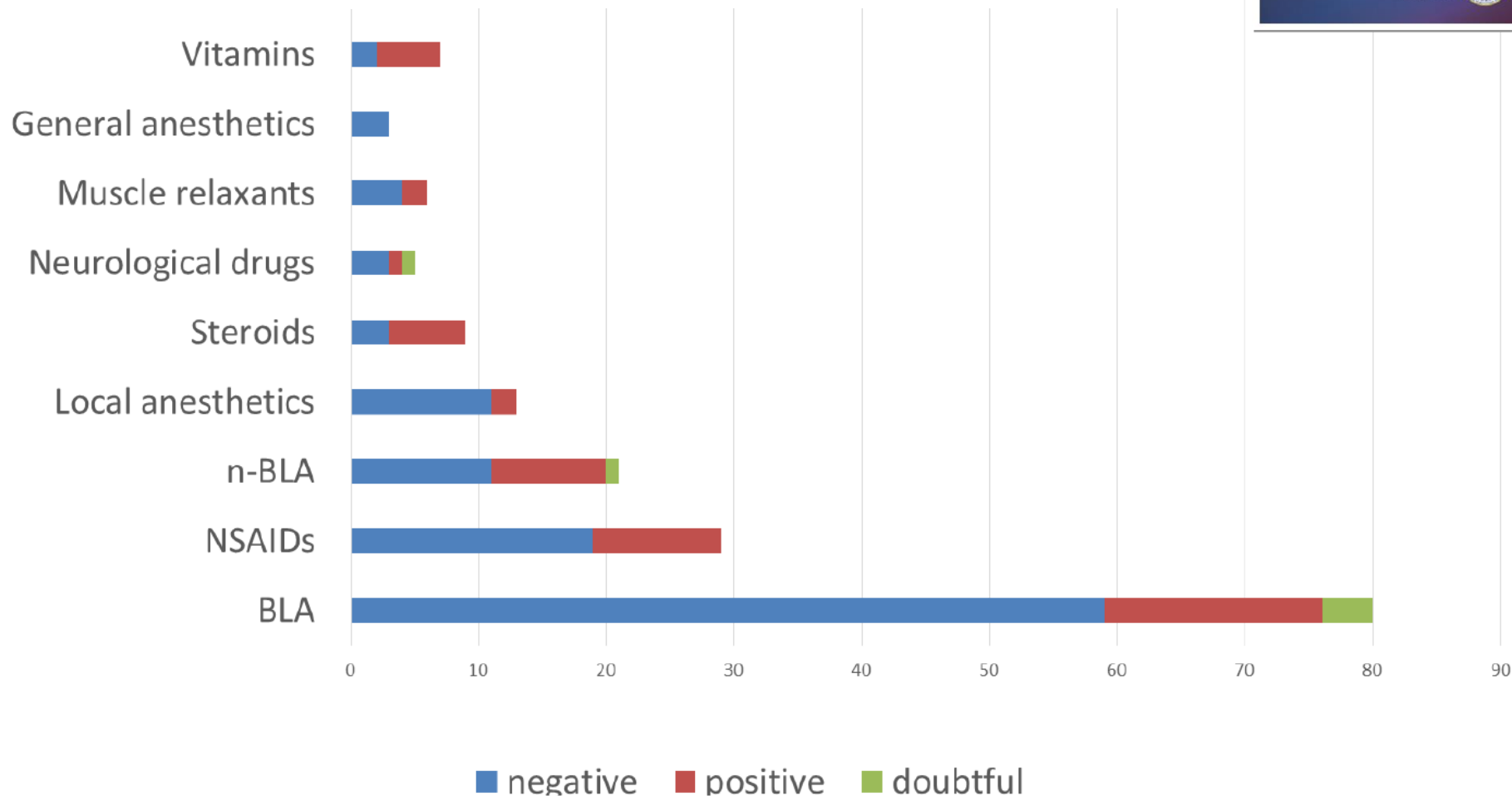
Szebeni J. Complement activation-related pseudoallergy: a new class of drug induced acute immune toxicity. *Toxicology.* 2005;216:106e121.

Multinational experience with hypersensitivity drug reactions in Latin America

Skin Prick Test: 16.7% of patients

Positives: almost 30%, (β lactams only 10%)

Most used in: β lactams (80 cases in 49 patients), NSAIDs, No β lactams and local anesthetics



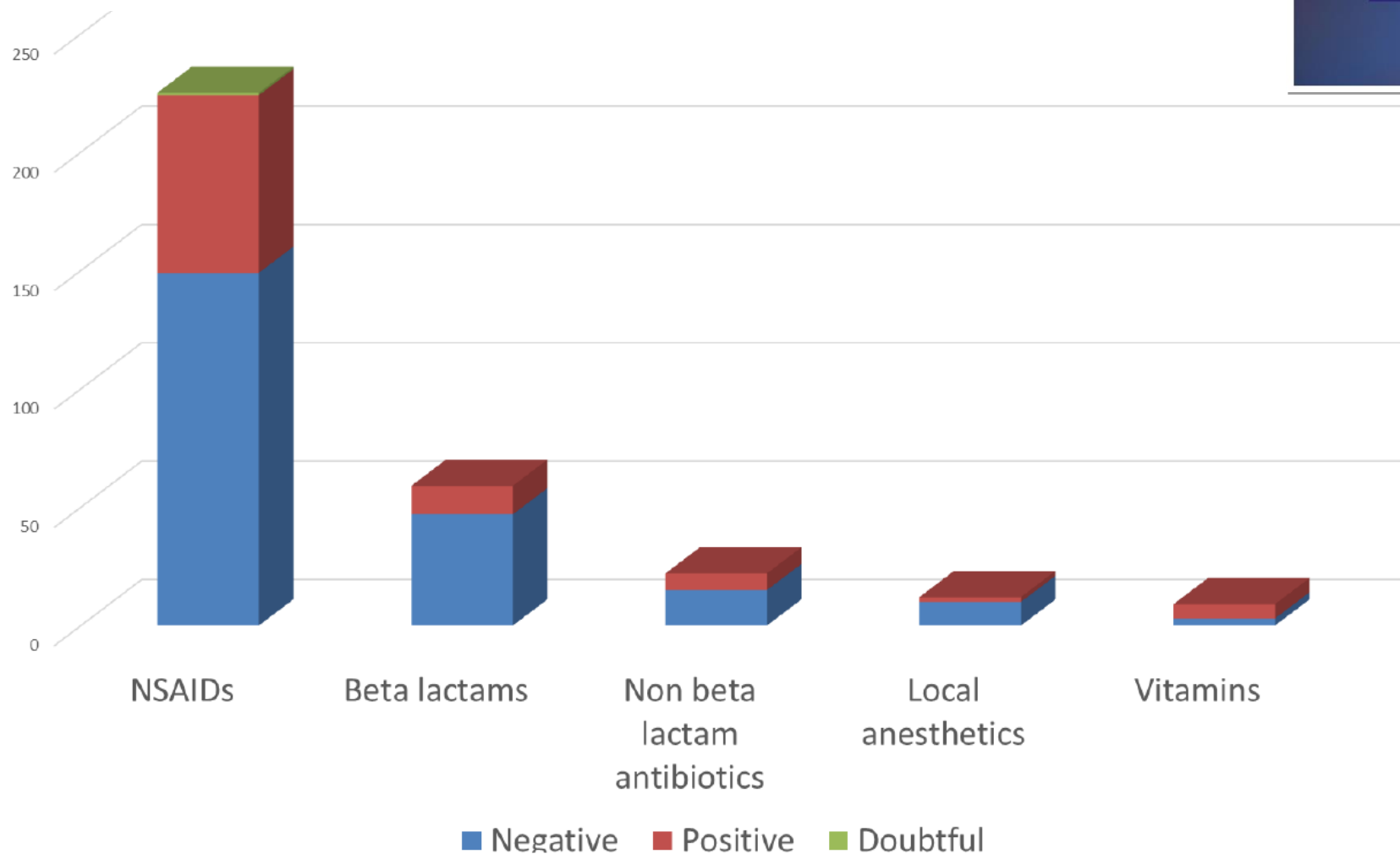
E.J. Jares et al. / Ann Allergy Asthma Immunol 113 (2014)



Multinational experience with hypersensitivity drug reactions in Latin America

Provocation test (410 in 304 cases, 35%)

Most used NSAIDs and β lactams, no β lactams, local anesthetics and vitamins



Provocation Test in HDR

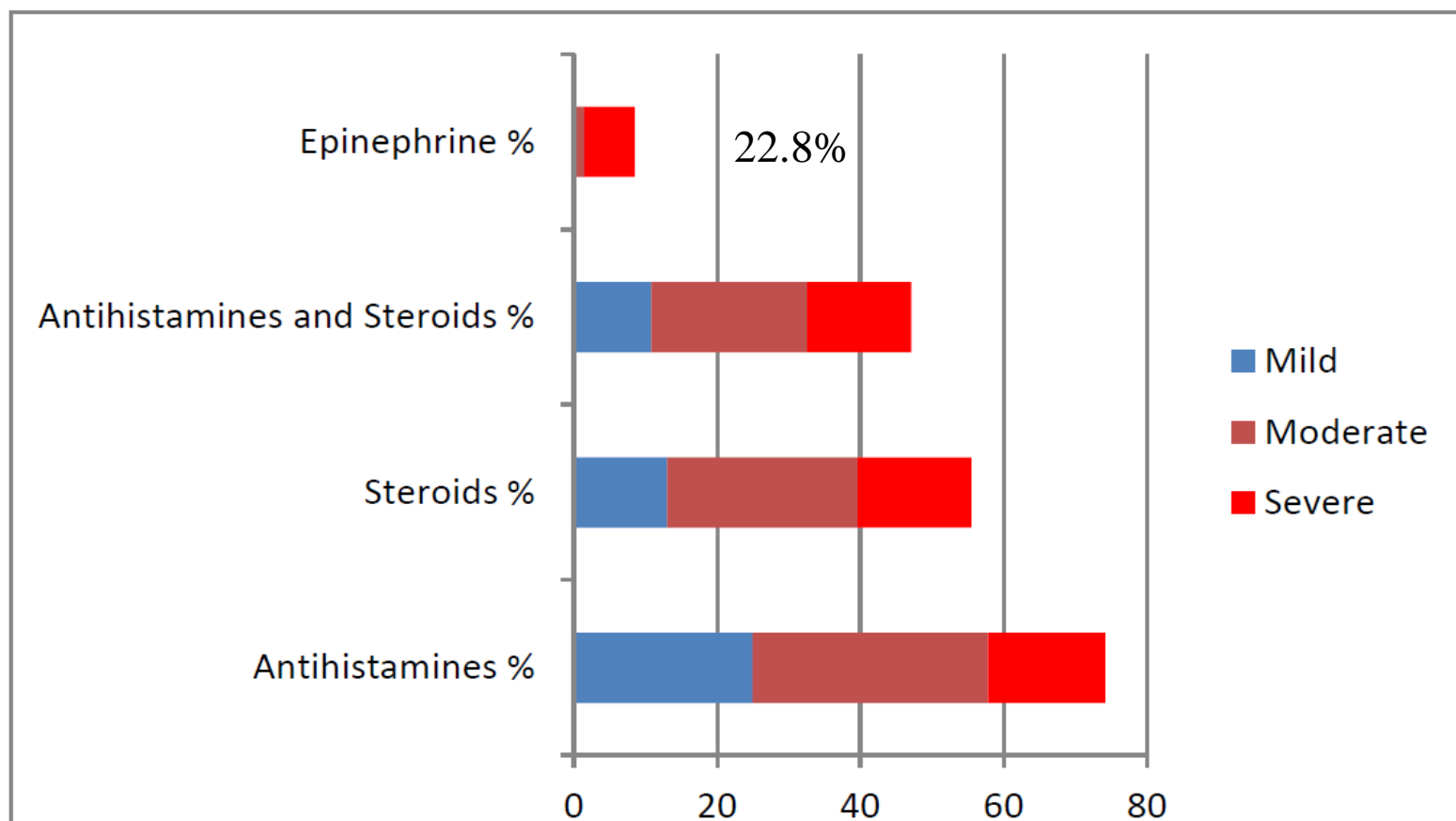
- Aun et al
 - Provocation test in 39% of 500 HDR
 - Positivity 4.1%
- Messaad et al.
 - In 1372 DPT found 241 positive test (17,6%)

Aun MV, Bisaccioni C, Garro LS, et al. Outcomes and safety of drug provocation tests. Allergy Asthma Proc. 2011;32:301

Messaad D, Sahla H, Benahmed S, Godard P, Bousquet J, Demoly P. Drug provocation tests in patients with a history suggesting an immediate drug hypersensitivity reaction. Ann Intern Med. 2004;140:1001-1006.

Multinational experience with hypersensitivity drug reactions in Latin America

Treatment: Antihistamines (68%), corticosteroids (53%). Only 22.8% of anaphylaxis patients recieved epinephrine (40% with CV involvement)



E.J. Jares et al. / Ann Allergy Asthma Immunol 113 (2014)

Registro Latinoamericano de Anafilaxia por Medicamentos

Definiciones: leer antes de completar el formulario:

Anafilaxia:

1°) dos o más de los siguientes, que ocurren rápido minutos a pocas horas tras administración de un medicamento probable causante para ese paciente:

a) compromiso de piel y/o mucosas (ej: urticaria generalizada, prurito, eritema, edema labios, lengua, úvula)

b) compromiso respiratorio (ej: disnea, sibilancias, estridor, caída de PFE, hipoxemia)

c) Hipotensión, o síntomas asociados de disfunción de órganos (Ej: hipotonía, colapso, síncope, incontinencia)

d) Síntomas gastrointestinales persistentes (ej: dolor cólico abdominal, vómitos)

2°) hipotensión tras medicamento al cual el paciente es alérgico, que aparece en minutos a pocas horas

a) bebés y niños: ta sistólica baja de acuerdo a edad, o disminución > a 30%.

b) adultos: TA sistólica < 90 mm Hg o disminución del basal > 30%

1°) RELACIÓN DE CAUSALIDAD

CIERTA: Relación temporal entre la administración del fármaco y el signo o síntoma.

El síntoma o signo desaparece al suspender el fármaco y reaparece al administrarlo nuevamente.

El síntoma o signo se ha asociado con anterioridad y no puede ser explicado por la enfermedad del paciente, enfermedades asociadas o por otras drogas o tratamientos.

PROBABLE: Igual que la anterior pero no hubo readministración del fármaco

POSIBLE: Igual que la anterior pero el síntoma o signo puede explicarse por la enfermedad del paciente, enfermedades asociadas o por otros fármacos o tratamientos concomitantes.

NO RELACIONADA O DUDOSA: Carece de reportes previos y no cumple con los criterios anteriores

***Obligatorio**

Nombre del Médico *

País *

PACIENTE: *

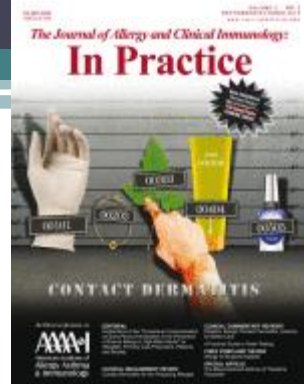
FECHA DE LA ENCUESTA:

FECHA DE LA REACCIÓN: *

Edad (en años) *

sexo *

☐ M



Drug-induced Anaphylaxis in Latin America

- Patients presenting anaphylaxis were selected in a descriptive cross-sectional study using ENDA questionnaire
- Implemented in 22 allergy units from 11 Latin American countries
- U/A+ R-GI and/or CV Symptoms
- Or 2 of the following symptoms:
 - Respiratory, persistent GI or CV symptoms
- From 1005 HDR, 264 presented anaphylaxis

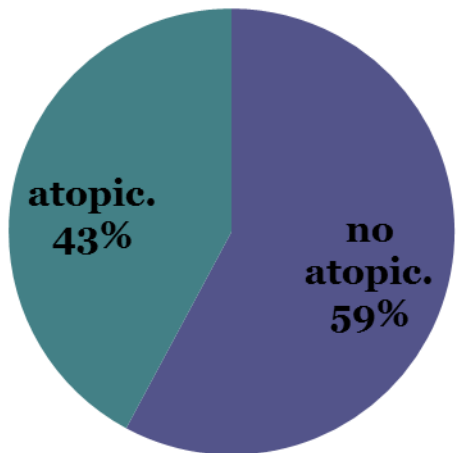
Jares E et al, JACI in practice 2015

Drug-induced Anaphylaxis in Latin America

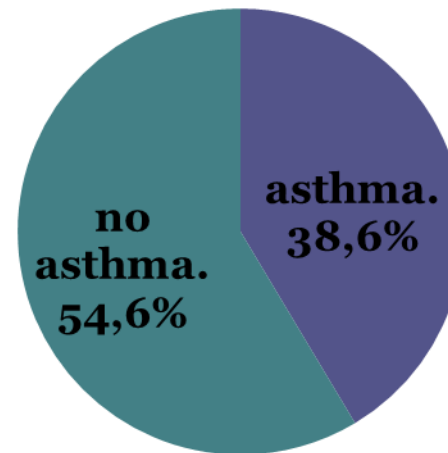
Striking findings



Severe reactions



($p < 0.01$)

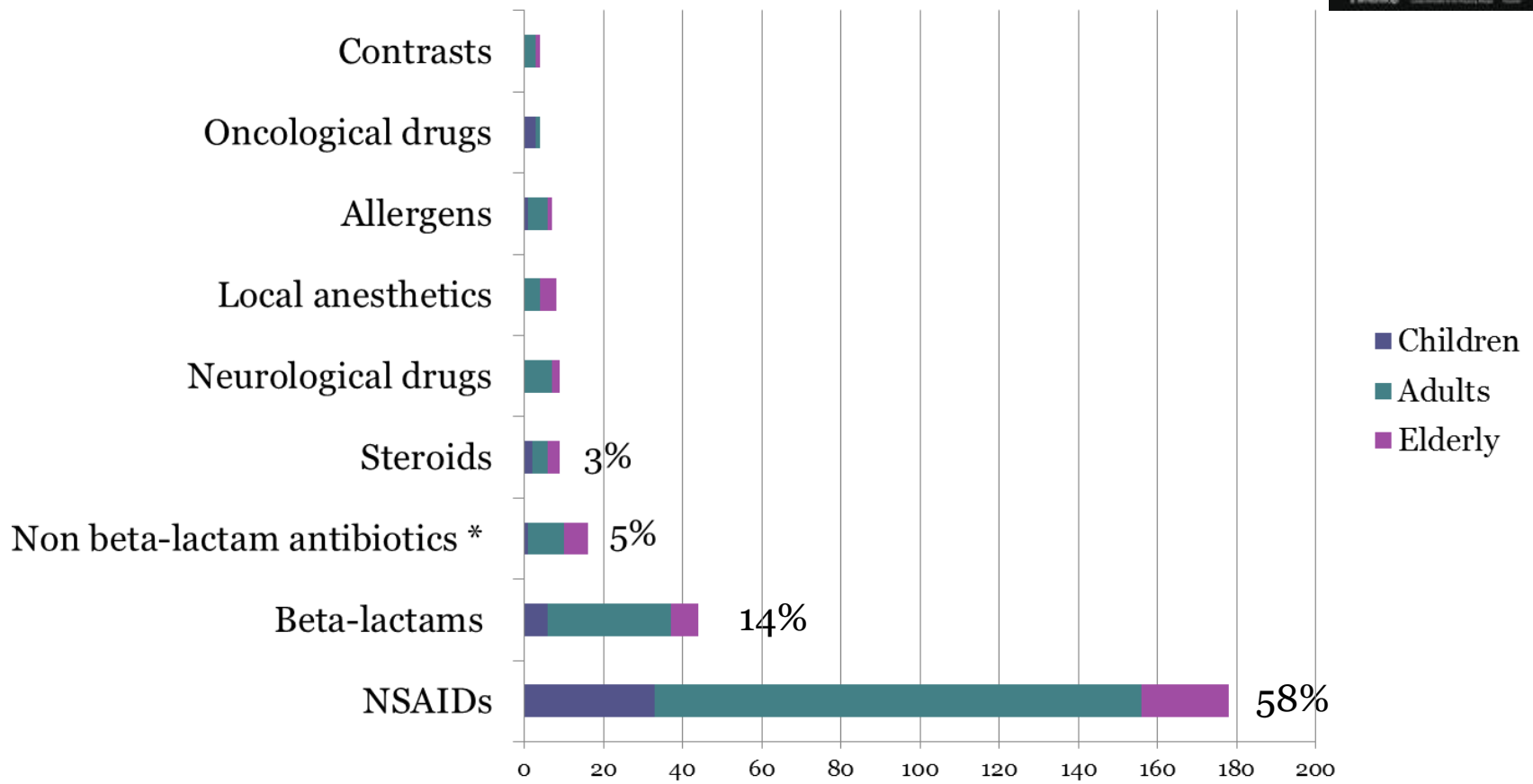
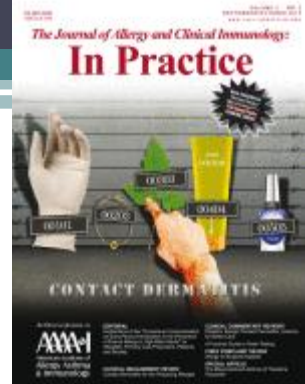


($p < 0.05$)

Jares E et al, JACI in practice 2015

- The presumption that atopic predisposition contributes to a more severe allergic reaction to drugs, as stated in many publications, requires further investigation

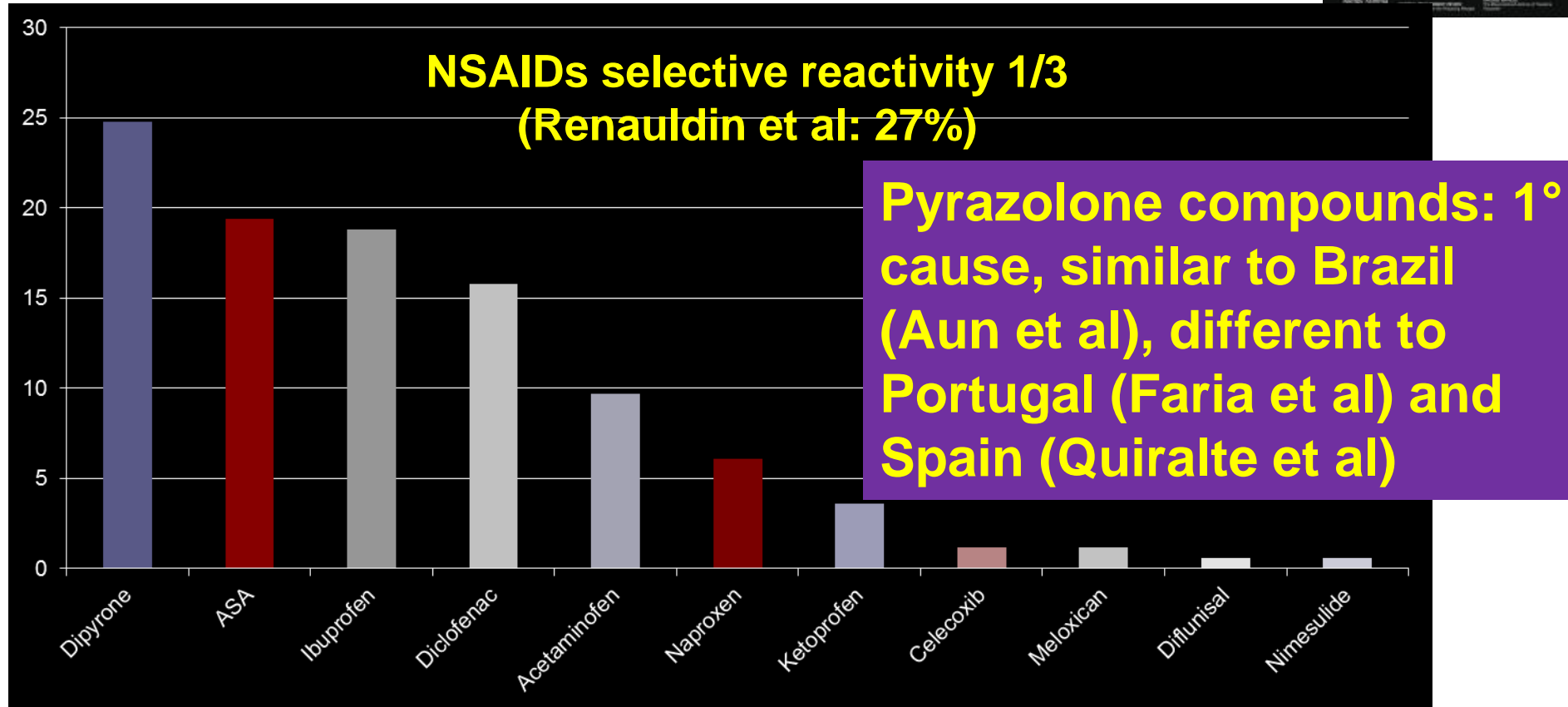
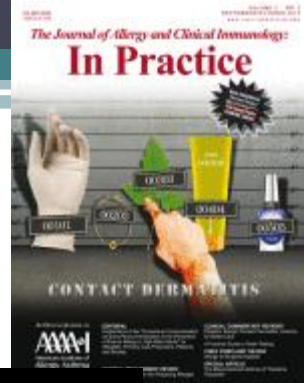
Main Implicated Drugs (certain and probable)



More than 15% of the patients had suffered
a previous DHR with the same drug

Jares E et al, JACI in practice 2015

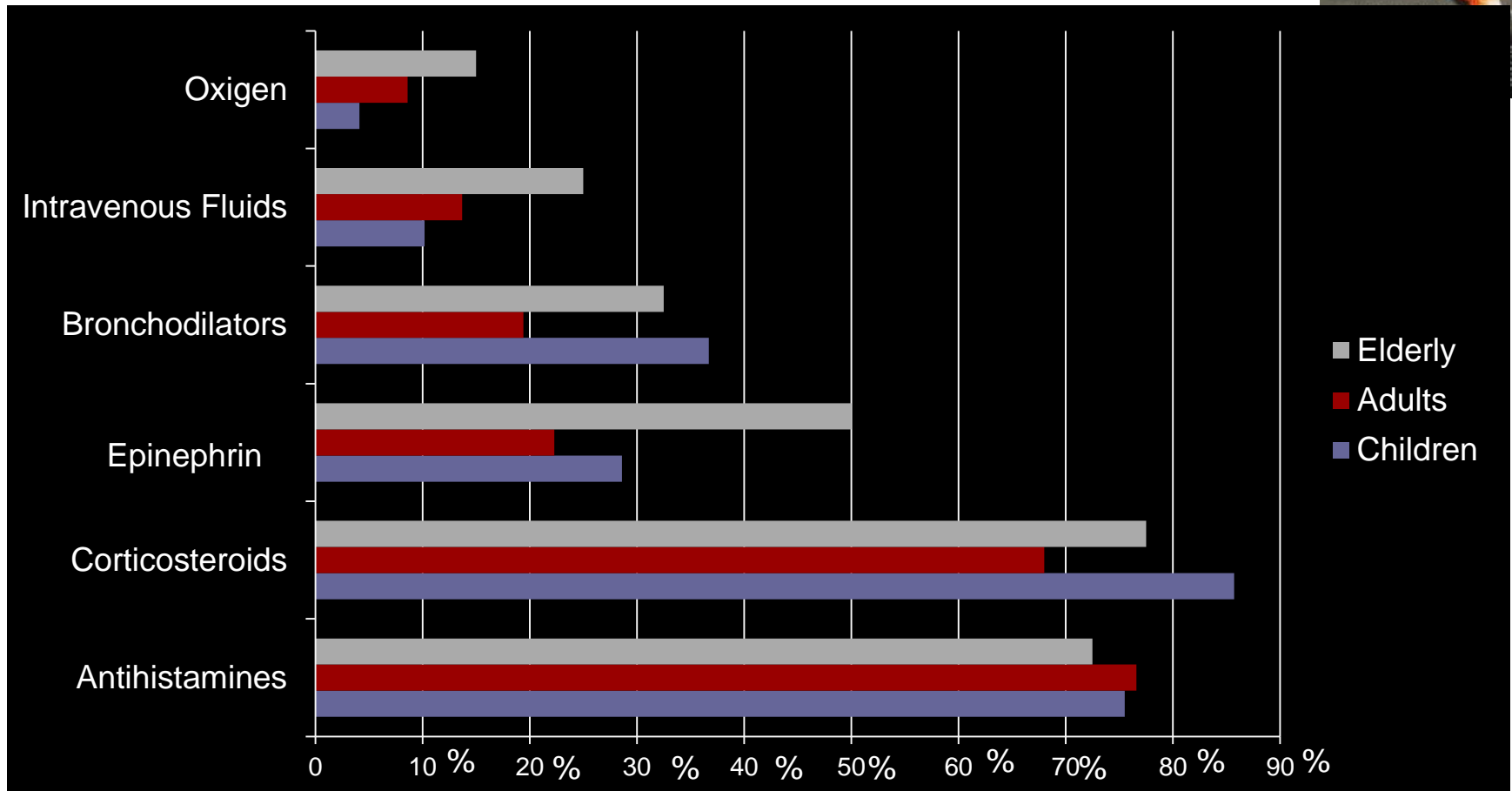
Drug Induced Anaphylaxis in Latin America



Aun MV, et al. J Allergy Clin Immunol Pract. 2014
Faria E et al, . J Investig Allergol Clin Immunol 2014
Quiralte J et al. J Investig Allergol Clin Immunol 2007
Renauldin et al, Allergy 2013

Jares E et al, JACI in practice 2015

Treatment: 78% were treated in the emergency department, and 8.7% hospitalized



Only 27% of anaphylaxis patients received epinephrine, 39.2% when CV symptoms were present

Jares E et al, JACI in practice 2015

Conclusions

- Registries are able to provide useful data
- Allow multicentric studies with low financial assistance
- Standardized questionnaires and online report make possible to implement this registries even in low resources facilities

Just as an example,
we found that:

- The relationship between atopic predisposition/asthma and drug allergy/anaphylaxis requires further investigation
- NSAIDs are the most frequent drug allergy and anaphylaxis inducers in Latin-America
- Epinephrine is underuse in anaphylaxis treatment in Latin America and other regions
- Medical education of ED physicians in Latin America should focus on this topic

Latin American Registry of Hipersensitivity Drug Reactions



Muchas Gracias

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