Acute graft occlusion of abdominal aorta after anaphylaxis

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Accepted 9 March 2014

DESCRIPTION

A 53-year-old man with hypertrophic cardiomyopathy and a previous graft replacement surgery for Leriche syndrome presented with a 3 h history of generalised severe pruritus and vomiting which he developed soon after eating fried shrimp and rice. The patient had no known history of drug or food allergy. His blood pressure was 120/78 mm Hg, the pulse was 120 bpm and the rest of the vital signs were normal. He had no skin eruptions. All other physical examination findings were unremarkable. A diagnosis of anaphylaxis by food allergy was made. His pruritus improved after the administration of antihistamine H1 blocker. In the observation unit, he developed a sudden onset of severe bilateral leg pains 3 h after admission to the emergency department. On physical examination, the pulses of the femoral, popliteal, dorsalis pedis and tibialis posterior arteries were not palpable bilaterally. CT scan with contrast material showed that although the abdominal aorta was patent at the level of the renal arteries (figure 1A), it was completely occluded at the infrarenal level (figures 1B and 2). Immediate surgery of a new graft replacement was conducted and his postoperative course was uneventful. Acute myocardial infarction following anaphylaxis is rare but has been reported previously.[1] Its exact pathogenetic mechanism remains unclear, but a thrombotic occlusion induced by mast cell-derived mediators was proposed as a possible cause.[2] Acute aortic occlusion after anaphylaxis has never been reported before our case and this should be included into novel complications of anaphylaxis.

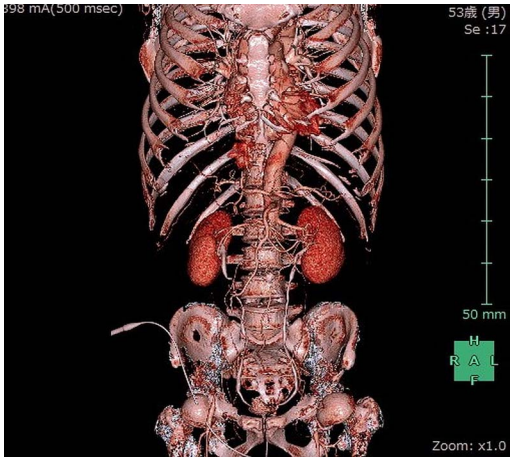

Figure 2 Three-dimensional CT reconstruction image.

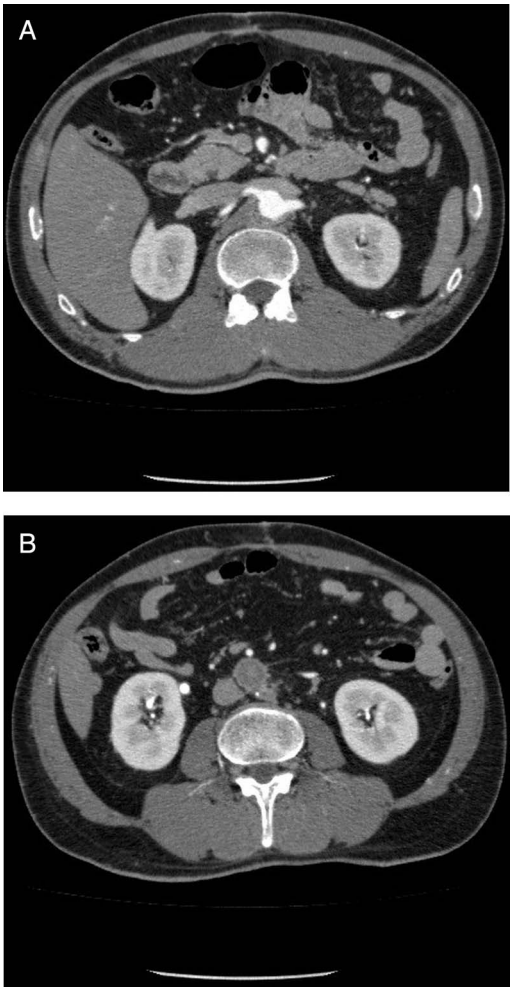

Figure 1 Contrast CT of the abdomen (A, level of renal arteries and B, infrarenal level).

Learning points

- Acute aortic occlusion after anaphylaxis has never been reported.
- Acute aortic occlusion should be included into novel complications after anaphylaxis.
- The possible pathogenesis might be involved with mast cell-derived mediators.

Contributors SW, KK and YT attended to the patient and wrote the manuscript.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

To cite: Watanuki S, Kinoshita K, Tokuda Y. *BMJ Case Rep* Published online: [*please include* Day Month Year] doi:10.1136/bcr-2014-203859

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