

FIRST QATAR ALLERGY CONFERENCE

Correlation between skin test results and historical manifestations in patients with suspected lidocaine hypersensitivity

Sally Khalil^{1,*}, Salma Taha¹, Maryam Al-Nesf¹

Address for Correspondence:

Sally Khalil¹

¹Allergy Immunology division, Department of Medicine, Hamad Medical Corporation, Doha, Qatar Email: SKhalil3@hamad.ga

http://doi.org/10.5339/qmj.2022.fqac.16

© 2022 Khalil, Taha, Al-Nesf, licensee HBKU Press. This is an open access article distributed under the terms of the Creative Commons Attribution license CC BY 4.0, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

historical manifestations in patients with suspected lidocaine hypersensitivity, Qatar Medical Journal 2022(2):16 http://doi.org/10.5339/qmj.2022.fqac.16



ABSTRACT

Background: Adverse reactions to local anesthetics (LA) are relatively common; however, true IgEmediated allergy is extremely rare, estimated to occur in less than 1%. Investigating patients with suspected allergy to LA should begin with a detailed history to exclude other more common operation theater related culprit medications, followed by skin testing. The subcutaneous challenge is considered the gold standard for confirming true IgE-mediated allergy to LA. In this study, we have described the skin prick test results of patients with suspected lidocaine allergy who had historical reaction symptoms typical to IgEmediated allergic reactions.

Methods: The data were retrieved from the allergy procedure log registry for patients who were referred to the allergy clinic with a suspected allergic reaction to lidocaine at the Hamad Medical Corporation between 2016 and 2020. These patients' symptoms of historical reactions to lidocaine were compared to their skin test results.

Result: A total of 7 patients were identified. The skin test result for lidocaine was positive in only 1 patient; his historical reaction was anaphylaxis (urticaria/ angioedema and shortness of breath). The remaining 6 patients had a negative result for skin and challenge tests. Of these 6 patients with negative results, 4 had only urticaria/angioedema as historical reactions; 1 had systematic manifestation (tachycardia) along with urticaria/angioedema, and 1 experienced systemic symptoms (shortness of breath, chest pain, and palpitation) with no skin or mucous membrane involvement (Table 1).

Conclusion: Negative skin test and subcutaneous challenge with a history of generalized cutaneous

Table 1. Detailed characteristics of historical reactions to LA; lidocaine

Patient	Age (years)	Gender	Allergic disease	Historical reaction	Time to onset	Skin test result	Drug challenge result
1	14	Female	None	Red itchy Jaw swelling	<5 mins	-	_
2	27	Female	Chronic angioedema	Urticaria/ Angioedema	>1 hour	_	_
3	29	Female	ČSU*, asthma	Throat tightness	>1 hour	_	-
4	31	Female	None	Anaphylaxis	>1 hour	_	_
5	32	Female	Other drugs allergy	Urticarial rash	Unknown	_	-
6	40	Female	None	Anaphylaxis	<1 hour	+	
7	73	Female	Other drugs allergy	Systemic (cardiorespiratory, but no skin reaction)	Unknown	-	_

^{*}CSU: Chronic spontaneous urticarial, LA: Local anesthetic

symptoms and/or systemic symptoms during the reaction to LA can be attributed to many causes, such as an IgE-mediated reaction against a component other than lidocaine (e.g., latex), medication side effects (adrenaline in combined preparations), and/or symptoms of primary disease (chronic spontaneous urticaria/angioedema).

Keywords: hypersensitivity, lidocaine, skin prick test

REFERENCES

- 1. Barradas Lopes J, Reis Ferreira A, Sousa MJ, Cadinha S. Anaphylactic Shock to Lidocaine: A Rare Case With Evaluation of Cross-Reactivity Between Local Anesthetics. J Investig Allergol Clin Immunol. 2021 Oct;31 (5):449-450.
- 2. Bahar E, Yoon H. Lidocaine: A Local Anesthetic, Its Adverse Effects and Management. Medicina (Kaunas). 2021 Jul 30;57(8):782.
- 3. Bhole MV, Manson AL, Seneviratne SL, Misbah SA. IgE-mediated allergy to local anaesthetics: separating fact from perception: a UK perspective. Br J Anaesth. 2012 Jun;108(6):903 – 11. doi: 10.1093/ bja/aes162.