**PO33   Anaphylactic shock after cervical conisation hemostase with a packing soaked in Monsel´s solution**

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**Background:** Anaphylatic shock is a truly life-threatning medical emergency and its succefully approach depends on its early recognition and treatment Patient's history may be crucial in identifying the causative agent.

**Case description**: 54-year-old female, ASA III, known allergies to paracetamol, diclofenac and nimesulide and a history of nickel’s contact dermatitis, with no reports of complicated anesthesia. She was admitted for cervical conization, and the procedure was successful and uneventful under monitored anaesthesia care with fentanyl and propofol as well as analgesia with tramadol. During conization, adrenaline was infiltrated in the cervix and hemostasis was performed with packing soaked in Monsel´s solution. The immediate postoperative period in the PACU were uneventful and no drugs were administered during this period; the patient was discharged to the ward.

3 hours later, she reported progressive dyspnea, with desaturation and maculopapular exanthema. Anesthesia medical emergency was activated.

On arrival the patient presented:

A – marked oedema of the lips and tongue;

B - respiratory distress, SpO2 82% (with MAC), vesicular murmur audible but diminished in all fields, without bronchospasm;

C – BP:60/40mmHg; increased capillary refill time (4-5seg);

D – GCS 14;

E - generalized maculopapular exanthema and oedema of the eyelids.

Anaphylactic shock was immediately diagnosed without identified causative agent. 0.5mg adrenaline im, 200mg hydrocortisone ev, 2mg clemastine ev and profuse fluid therapy were administered. There was initial slight improvement followed by subsequent worsening. Additional administration of 0.5mg adrenaline im and 125mg methylprednisolone ev provided similar results.

Considering that no new drugs were administered in the ward, the emergency team and the attending gynecologist assumed an association between nickel allergy and the chemical composition of Monsel's solute, remained for hemostasis after the surgery. Thus, it was decided to remove the packing soaked in Monsel´s solute from the vaginal cavity and washed it with saline solution. After the removal the packing with solution and further administration of 0.5mg adrenaline im, there was progressive improvement of the blood pressure and SpO2. Tryptases collected 1h latter were increased (23,9ug/L, N <11,4ug/L).

The patient was transported to the ICU for surveillance, from which she was discharged 2 days, with scheduled immunoallergology consultation, that is waiting.

**Discussion:** The identification of the causative agent represents a key point in the resolution of the anaphylactic shock. When specific materials are used, like Monsel´s solution, discussion among professionals is critical for the correct interpretation and resolution of the case. It is important to keep in mind that topical agents might be the cause. Monsel´s solution is a topic hemostatic agent, based on ferrous sulfate, which can be applied directly to the surgical site after excision of the lesion.

**Learning Points:**

* approach to the patient with anaphylactic shock;
* importance of peer discussion for the correct diagnosis and treatment of the patient;
* importance of clinical history in diagnosing the causal agent of anaphylaxis;
* importance of monitoring patients in the postoperative period and after the administration of any drug.