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Multiple drug allergy syndrome: both penicillin and ranitidine

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A 67-year-old male visited emergency room for syncope accompanied with generalized urticaria, angioedema on the eyelid and lip approximately 30 minutes after taking ranitidine(150 mg, Zantac; Glaxo-SmithKline-Korea, Seoul, Korea) for gastric ulcer. His blood pressure was 80/40 mmHg. His symptoms and sign were resolved after treatment with injection of epinephrine subcutaneously, and antihistamine and hydrocortisone intravenously. Two months ago, He experienced same episode after taking ranitidine (150 mg Zantac; Glaxo-SmithKline-Korea, Seoul, Korea), almagate (1.5g/15mL, Dong Kwang Pharm. Seoul, Korea,), alibendol (100 mg, Medica Korea, Seoul, Korea) and levosulpiride (25 mg, A Nam Pharm, Pusan, Korea) for gastritic ulcer. 40 years ago, he experienced anaphylactic shock after injection of penicillin for hand abscess and 5 years ago, generalized urticaria and angioedema after ingestion of cleocin, oral penicillin after extraction of tooth. His eldest son has peach allergy. His total serum IgE by Uni-CAPTM (Pharmacia, Sweden) was 730 kIU/mL (<113 kIU/mL). Skin prick test with aeroallergens (55, Bencard, UK) and food allergens (50, Bencard UK) showed negative results. But further skin prick test with ranitidine (50 mg/mL), almagate, alibendol, and levosulpiride as it is revealed strong positive reaction to ranitidine only (Fig. 1), and the same test with penicillin (Kun Wha Pharm., Seoul, Korea) revealed strong positive reaction to 1,000 U/mL. All, 15 control volunteers not exposed to penicillin and ranitidine showed negative results. Serum specific IgE antibody to Penicillin G and V by Uni-CAPTM (Pharmacia, Sweden) showed positive, Class 2 and 3 respectively. To measure ranitidine specific serum IgE, ELISA was applied. Ranitidine conjugated with human serum albumin (HSA, Sigma-Alderich, Korea) previously done in our laboratory3 was used to detect specific IgE in serum. Optic density (OD) of this patient was 0.25 which was more than 2 time higher than the mean value of controls of 0.09±0.04.

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A clinical study of hypereosinophilia in a university hospital

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Abstract Background: Eosinophilia is associated with various primary and reactive conditions. The incidence and the causes of eosinophilia might have been changed according to the changes in the incidence of diseases such as cancer, chronic degenerative diseases, etc. This study was aimed to investigate causes and incidence of hypereosinophilia and to compare those results with other reports in Korea. **Methods:** Eosinophilia and hypereosinophilia were defined when absolute eosinophil count was greater than 500/μL and 1,500/μL, respectively. Patient's clinical records were reviewed to find out the underlying clinical conditions responsible for causes of hypereosinophilia. **Results:** Out of 18,941 patients who had a hematology profile performed, 1,584 (8.4%) and 143 (0.75%) were found to have eosinophilia and hypereosinophilia, respectively. Among patients with hypereosinophilia, 106 patients (74.1%) had identifiable and/or possible causes. The major causes of hypereosinophilia were malignancy (48.1%), allergy and skin diseases (22.6%), infectious diseases (9.4%), gastrointestinal tract diseases (5.7%), hepatobiliary diseases (4.7%). **Conclusion:** We found various causes of hypereosinophilia in this study, and most common cause of hypereosinophilia in the current study was malignancy. Moreover, the results of causes in this study were somewhat different from previous reports.

Key words: eosinophilia, hypereosinophilia, incidence