

Personal history and reason for inquiry:

65 years old woman without a previous history of interest and without prior registration of drug allergies, starts days ago with pain at lumbar level that does not improve with intake of diclofenac by which introduces as tramadol treatment, starting with a hives. He is valued at emergency treatment with corticosteroids and antihistamines Parenteral and is given high.

Upon arrival at the place of residence suffers box of hypotension with loss of consciousness, being attended by mobile ICU who moved back to the hospital in critical area.

Physical examination:

Home care the patient presents TA 90/40 with FC 60 beats per minute. Glasgow 13 and 94% O2 saturation. Hydrocortisone administered 200 mg + 1 mg intravenous adrenaline pre-transfer. Joining critical voltage arterial 90/50 with FC 60 beats per minute, saturation 96% and Glasgow 15.

Generalized habones on plates with facial angioedema. Permeable light tachypnea jobless respiratory airway.

Head and neck: facial angioedema without involvement of the oral cavity.

Cardiac auscultation: Rhythmic C: (60 BPM). Murmurs or rods are not appreciated.

Respiratory auscultation: MVC without pathological noises.

Abdomen: tender, depressible, not painful to palpation and no signs of peritoneal irritation.

Limb edema without signs of DVT.

Neurological: reactive Mydriatic pupils. Normal and without focal neurologic cranial.

Complementary tests:

- Chest X-ray: normal ICT. Without images of condensation or infiltrators.
- Analytical income: highlights Leukocytosis with neutrophilia.
- ECG: at 60 BPM sinus rhythm. No alterations of the driving or Repolarization.

Evolution:

The patient during his entrance and after fluid therapy intense improvement from the point of view of hemodynamic response to Corticoid treatment being scarce and endovenous antihistamine with more generalized pruritic habonosas and increase in lesions of the angioedema facial without involvement of the airway. Given the severity of the case, decides admission charge of internal medicine for stabilization and subsequent study of the picture.

Conclusions:

Was not the first time that the patient was taking tramadol as an analgesic, being in subsequent exhibitions when you make the picture of severe drug allergy. Not impacting the patient initial hemodynamic made that it was given high hours of started the box, subsequently presenting hemodynamic involvement. Allergic drug reactions must be kept in the hospital to check the effect of the administered medication and symptomatic improvement in patients.

