

ANAPHYLACTIC SHOCK

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Abstract: This article provides detailed information about anaphylactic shock.

Anaphylactic shock is the most severe and terrible form of a rapid allergic reaction, which occurs after the allergen enters the body.

Key words: reagins, immunoglobulin, epilepsy, bronchial asthma, Quincke tumor, anamnesis, adrenaline

Pathogenesis.

Reagin mechanism is the basis of pathogenesis. Reagins - immunoglobulin E are formed in response to the introduction of allergens into the body. They are fixed in mast cells and their blood analogues - basophils, thus creating a state of sensitization, i.e. a process of gradual increase in sensitivity to the allergen after it is introduced into the body.



Repeated exposure of the same allergen to the body causes it to combine with the formed reagins. This causes the release of a number of allergy mediators of the fast type (histamine, serotonin, acetylolin, prostaglandin, etc.) from fat cells and basophils, which cause swelling, spasm of bronchial smooth muscles and a sharp decrease in arterial pressure.

Classification:

Three clinical forms of shock are distinguished.

Form I - at lightning speed, the shock develops within 10 minutes.

Form II - fast. The period before the shock is 30-40 minutes. Manifestation in signs and organs is mandatory.

Form III - slow. The pre-collaptoid period lasts several hours.

Signs:

Option I - skin.

Option II - cerebral.

Option III - asthmatic.

Option IV - cardiogenic.

Option V - abdominal.

Differential diagnosis.

Anaphylactic shock epilepsy, YuIK, acute

It should be distinguished from intestinal obstruction and bronchial asthma.

Special attention should be paid.

The causes of death due to anaphylactic shock can be:

- 1) acute vascular insufficiency associated with microcirculation disorders, paralysis of small vessels, stasis, thrombosis;
- 2) Asphyxia caused by Quincke's edema;
- 3) thrombosis of blood vessels of vital organs - brain, heart;
- 4) blood flow to vital organs, primarily the brain and adrenal gland.

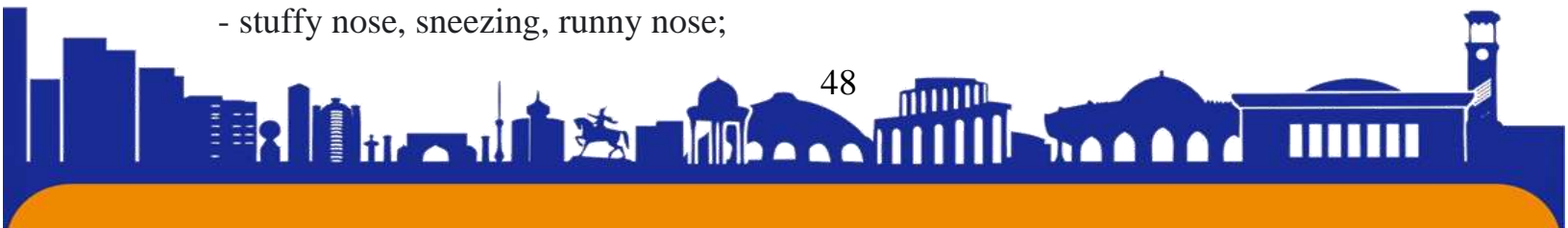
Inspection report.

The diagnosis of anaphylactic shock is made clinically and does not rely on laboratory data. Analysis of serum basal cell tryptase levels during the development of shock is the only potentially useful test.

Diagnostic criteria.

The diagnosis is made based on anamnesis, complaints and symptoms:

- rash, rash, generalized itching;
- stuffy nose, sneezing, runny nose;





- difficult breathing, cough, shortness of breath;
- cyanosis of skin, lips and nails;
- dizziness, fainting;
- restlessness, confused speech;
- tachycardia; – nausea, vomiting, diarrhea;
- abdominal pain.

Treatment.

Emergency assistance:

- stopping the introduction of the allergen into the body;
- ensuring airway patency;
- raising the legs;
- 100% oxygen inhalation (up to 30 minutes);
- providing access to the vein;
- 0.3 ml of 0.1% adrenaline solution (epinephrine) intravenously in 10-20 ml of 0.9% sodium chloride solution when symptoms of laryngeal edema appear; prednisolone 1-5 mg/kg v/i or m/o. Immediately intubate the patient in case of exacerbation of ONE. When tracheal intubation is not possible - conicotomy, tracheostomy;
- When AB decreases: adrenaline (epinephrine) 0.04-0.11 $\mu\text{g}/\text{kg}/\text{min}$. In the absence of an infuzomat - 0.5 ml of 0.1% adrenaline solution (epinephrine) in 20 ml of 0.9% sodium chloride solution in 0.5-1 ml every 30-60 minutes. Simultaneously with the administration of adrenaline (epinephrine), it is necessary to start the infusion of crystalloids at 100-200 ml/min for 10 minutes.
- 10% calcium gluconate solution v/i or m/o;
- euphylline (aminophylline) 20 ml 2.4% IV, prednisolone 1.5–3 mg/kg to stop bronchospasm.

Nebulizer therapy - atrovent, berodual.

- in case of penicillin shock, 1 ml of nedpenicillinase is administered. In case of failure, resuscitation measures are carried out.

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