



IMAGE SECTION

Severe anaphylaxis to Gelofusine during a transthoracic echo bubble study

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Abstract We describe a severe anaphylactic reaction to Gelofusin, used as part of a transthoracic echo study on a middle-aged woman who had suffered a prior cerebral event.

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The image shows the peri-orbital oedema in a 55-year-old Asian woman who received intravenous Gelofusine (succinylated gelatin) 4 h earlier, as part of a transthoracic echocardiogram with bubble study (Fig. 1). The study was part of a work-up to determine if an embolic source had caused a recent transient ischaemic cerebral event. Her earlier stroke had been confirmed on an MRI scan and she had made a complete recovery. The patient had no history of allergy, was on no medication aside from low dose aspirin and was otherwise well.

An intravenous line was inserted and a single 8-ml injection of agitated Gelofusine was administered to determine if there was a patent foramen ovale or other feature responsible for her recent stroke.

Within 1 min of the injection, the patient felt unwell, reporting difficulty in breathing and swallowing.

Clinically, there was obvious lip swelling and peri-orbital oedema. On auscultation there was a widespread wheeze and she had obvious stridor. The electrocardiogram briefly showed a broad complex nodal rhythm but with no compromise of blood pressure. She was treated with intravenous adrenaline, hydrocortisone and nebulised salbutamol and oxygen. She did not require intubation but had to be



Figure 1 Peri-orbital oedema following gelofusine injection.

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admitted for further therapy with oral steroids, piriton and overnight observation. At the time of this photograph she still had difficulty swallowing although the peri-orbital oedema had resolved.

We have recently been using Gelofusine to perform our bubble studies both for transthoracic and transoesophageal studies, largely unaware of its potential to cause such serious anaphylaxis. Several reports exist describing anaphylactic reaction to several widely used plasma expanders, including Gelofusine, Haemaccel and Dextran,^{1,2} some of which have resulted in fatalities.³

Following this experience we have decided not to use modified fluid gelatins for such investigations. Evidence suggests that patients allergic to gelofusine are likely to also be allergic to

Haemaccel.⁴ We have instructed our patient to wear a Medic-Alert bracelet, or similar jewellery,⁵ stating "Allergic to Gelofusine and Haemaccel", at all times to reduce the likelihood of her being given any similar plasma expander in the future.

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