



## Patients with anaphylaxis in accident and emergency are not referred to specialised allergy services

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## LETTER TO THE EDITOR

## Patients with anaphylaxis in accident and emergency are not referred to specialised allergy services

Allergy prevalence is reported to be increasing, and anaphylaxis represents the most severe end of the spectrum of allergic disease. UK data show a lifetime prevalence of anaphylaxis of 75.5 per 100 000, similar to epidemiological studies in the USA.<sup>1</sup> There are approximately 20 deaths from anaphylaxis per year reported in the UK, although this may be a significant underestimate.<sup>2</sup> The Resuscitation Council UK guidelines recommend that 'All patients presenting with anaphylaxis should be referred to an allergy clinic/service to identify the cause, and thereby reduce the risk of future reactions and prepare the patient to manage future episodes'.<sup>3</sup> However, the widespread impression among those providing specialised allergy services is that such patients are not referred, but currently there are few data to support this view.

An audit of patients attending the emergency department at University Hospital Wales (UHW) was performed. Emergency department data for a 6-month period were analysed and eligible patients were sought from those who presented at the emergency department with initial categorisations in any of the following triage categories, initial complaints or diagnoses: allergic, allergy, anaphylaxis, anaphylactic, rash, soft tissue injury, swelling, angioedema, breathing difficulties, other problems, vasovagal episode/attack, convulsion, cardiac problem, bite, sting, local infection, insect, systemic infection, abrasion, bruise, abdominal pain, asthma, miscellaneous, reaction, overdose, or pyrexia. The emergency department cards of the patients identified by the above search were individually examined to ascertain those meeting published criteria for anaphylaxis.<sup>3,4</sup>

The UHW emergency department has a catchment population of around 500 000 and had 57 482 adult attendances over the 6-month period. Analysis of these attendances revealed that 77 adult patients with anaphylaxis were resident in the catchment area of the allergy service at UHW. They were aged 18–94 years (median 32 years), and 47 were women. Not one of these patients was referred to the UHW allergy service by any route.

An incidence of 77 adults with anaphylaxis from a population of 500 000 over 6 months is higher than previously reported from studies of coding of anaphylaxis. This study suggests an annual incidence of 30.8 per 100 000 rather than the reported incidence of 3.2 per 100 000 to 20 per 100 000.<sup>1</sup> Our results are more in keeping with a recent study from Rochester, Minnesota, USA, where they did not rely on the accuracy of coding to and found an incidence of 49.8 per 100 000 population per year.<sup>5</sup> This suggests that studies identifying

anaphylaxis by clinical coding may significantly underestimate the true incidence.

In its review of allergy services in the UK, the Department of Health recognised the existence of a gap in the referral pathway of patients presenting with anaphylaxis. There is a failure for the referral pathway to be properly joined up between emergency department attendance and evaluation at a specialised allergy clinic, the usual practice being for emergency departments or the on call medical team to instruct patients to go their general practitioner in order to request referral to such services. Closing this gap could be achieved by a fast-track allergy clinic referral service dedicated to this patient group, whereby patients could be given the time and date for an urgent appointment before they leave the emergency department. This should remedy the current situation where patients who have survived an episode of anaphylaxis are not referred to a specialised allergy clinic, leaving them at considerable risk of future reactions.

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## CORRESPONDENCE

## Epidemiological data of common soft tissue sarcomas as seen in our practice

Soft tissue sarcomas make up less than 1% of malignant tumours. They arise most

## Take home message

The incidence of soft tissue sarcomas is high in our population. In terms of age, gender and incidence of various sarcomas, our data correspond to findings in western literature.

commonly in the extremities, chest wall and retroperitoneum, and are more common in older people and males, although age and gender vary for the various histological types.<sup>1,2</sup> Very few epidemiological data are available on soft tissue sarcomas in South Asia, and as this area has a huge population (about two billion people), it would be useful to determine whether the age, gender and location of these tumours is similar to those in the West.

Pakistan alone has a population of 180 million people. The section of histopathology at the Aga Khan University, Karachi is the largest centre of its kind in Pakistan, with cases from all over the country and a load of 45 000 surgical pathology cases per year. So these data can be considered a representative sample of sarcoma trends in our population. We looked at five common soft tissue sarcomas seen in our practice. Exhaustive immunohistochemical workup was carried out on all cases. Characterisation was performed according to the WHO classification of soft tissue tumours.<sup>1</sup>

Over 87% of rhabdomyosarcomas occurred before the age of 30 and 71% before the age of 30. More than 68% occurred in males. The most common sites were the head and neck region (36.2%) and the genitourinary tract (14.9%).

Over 82% of extraskeletal Ewing's sarcoma/primitive neuroectodermal tumours occurred before 30 years of age, and over 42% in the second decade. Over 22% occurred in the head and neck region, over 16% in lower limbs, and 14% on the chest wall. There was no sex predilection.

Over 76% of leiomyosarcomas occurred after the age of 40; there was a slight male preponderance and the most common sites were lower limbs (23.5%), upper limbs (11.8%) and retroperitoneum (7.8%).

Over 75% of synovial sarcomas occurred in the second, third and fourth decades of life, and almost 58% occurred in males. More than 42% occurred in lower limbs and over 15% in upper limbs.

Over 70% of liposarcomas occurred after the age of 40; over 70% occurred in males and the most common sites were thigh (35.2%) and retroperitoneum (27.8%).

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