

Whispers of Danger: Unraveling the Enigmatic Clues of Anaphylaxis

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Introduction

Ketofol, a mixture of ketamine and propofol, is preferred for procedural sedation anesthesia (PSA) due to its balanced sedation and analgesics effects and strong safety profile. It may still however, induce adverse reactions thus necessitating careful monitoring. This report describes an anaphylactic reaction to ketofol during a procedure in a trauma patient, emphasizing the need for vigilance and rapid response.

Case Description

A 30-year-old male involved in a motor vehicle accident presented to Emergency Department (ED) with large pocket wound over the left chest and frontal head laceration. He was hemodynamically stable with a Glasgow Coma Scale of E3V4M5, with alcohol breath smell. As serial bedside ultrasounds showed no pneumothorax or pericardial effusion, it was then decided to proceed with wound exploration and suturing under PSA using intravenous ketofol 50/50.

Patient was initially stable under sedation. Five minutes post-administration, patient began coughing. This was initially overlooked as he was still saturating well and attention was focused on managing the wounds. He then developed stridor and saturation began to drop with lung auscultation revealing a silent chest. Recognizing signs of an anaphylactic reaction, immediate treatment was initiated with:

- Intramuscular adrenaline
- Adrenaline nebulization using a bag valve mask
- Intravenous hydrocortisone

The patient's oxygen saturation improved from 80% to 98% under bag valve mask ventilation. His GCS improved to E4V4M5, and his lung auscultation normalized. Intubation was deemed unnecessary.

Discussion

Swift adrenaline administrations helps to counteract the life-threatening effects of anaphylaxis by rapidly reversing airway constriction and systemic inflammation. Nebulized adrenaline via a bag-valve-mask ensures direct delivery to the airways, further aiding respiratory support. Pharmacological method was the first line in this case, together with maintaining an open airway and manual bagging. In district setting with limited resources, there were anticipation of difficult intubation and these allows the team to prepare the manpower and equipment should the need for intubation arises.

Conclusion

This case underscores the importance of suspecting anaphylaxis and taking swift action for patient's safety. Even minor symptoms may indicate severe issues, and immediate treatment can prevent complications, ensuring optimal outcomes.

Keywords: Anaphylaxis, Procedural Sedation Analgesia, Ketofol