Anaphylaxis to lansoprazole with tolerance to other proton pump inhibitors

Department of Internal Medicine, Hallym University College of Medicine, Chuncheon, Korea

*In-Young Park, Byung-Joo Do, Jae-Sung Ahn, Jae-Hyuk Lee, Cheol-Hong Kim, In-Gyu Hyun, Jeong-Hee Choi

**Backgrounds:** Anaphylaxis to proton pump inhibitors (PPIs) have been rarely reported. Different patterns of cross-reactivity between PPIs have been also demonstrated using skin tests. Here, we report a case of anaphylaxis to lansoprazole with tolerance to other commercially available PPIs, which was proven by skin tests and oral provocation tests. **Case history:** A 47-year-old female visited our emergency room with sudden onset of whole body urticaria, facial swelling, dyspnea, and loss of consciousness that developed one hour after ingestion of 30 mg lansoprazole and 50 mg itopride for her episodic epigastric soreness. Skin prick test (SPT) and intradermal test (IDT) with lansoprazole, esomeprazole, rabeprazole, and pantoprazole were performed. Lansoprazole (0.003 mg/mL) showed positive reactions on both SPT and IDT. Rabeprazole (3 mg/mL) showed positive reaction only in IDT. SPT and IDT with esomeprazole and rabeprazole were all negative. Oral provocation tests (OPTs) with 30 mg lansoprazole was positive showing generalized rash and facial swelling 30 minutes after ingestion, while OPTs with 40 mg esomeprazole, 40 mg pantoprazole and 20 mg rabeprazole were negative. **Conclusion:** In case of anaphylaxis to PPIs, other PPIs could be safe alternatives. Skin tests seems to be helpful to define cross-reactivity between PPIs. **Key words:** Proton pump inhibitors, anaphylaxis, cross-reactivity

Severe generalized immune reactions induced by beta-lactam antibiotics

1Department of Internal Medicine, Seoul National University College of Medicine, Seoul. 2Institute of Allergy and Clinical Immunology, Seoul National University Medical Research Center, Seoul

*Han-Ki Park1,2, Kyung-Hee Shon1,2, Ju-Young Kim1,2, Min-Gyu Kang1,2, Kyung-Hwan Lim1,2, Su-Jung Kim1,2, Suh-Young Lee1,2, Mi-Young Kim1,2, Eun-Jung Jo1,2, Seoung-Eun Lee1,2, Woo-Jung Song1,2, Hye-Ryun Kang1,2, Sang-Heon Cho1,2, Kyung-Up Min1,2

There is a recent evidence suggesting close relationships between drug hypersensitivity and latent viral reactivation. Epstein-Barr virus (EBV) is a latent virus frequently related to systemic immune reactions such as infectious mononucleosis, lymphoma, auto-immune diseases, or DRESS (Drug reaction with eosinophilia and systemic symptom). Beta-lactam is one of the most frequently prescribed antibiotics, but also has been related to reactions including DRESS, or flare-ups of infectious mononucleosis. Here we report two cases of angioimmunoblastic T-cell lymphoma that recurrently developed severe generalized reactions after beta-lactam antibiotics treatment. The reactions had clinical features quite similar to those of DRESS, including fever, blood eosinophilia, maculopapular eruption and lymphadenopathy. Angioimmunoblastic T-cell lymphoma is thought to be mediated by EBV-driven lymphocyte expansions, and has elevated serum EBV levels. Although the mechanisms of association are not clear, the present cases support the close relationships between drug reactions and latent viral activity.