

Abstract:

Anaphylaxis is a rapid onset, potentially fatal allergic reaction with multi-system involvement which manifests with varied clinical presentations. The most common signs are cutaneous symptoms including urticaria, angioedema, erythema and pruritus. Prompt recognition and vigilant treatment of anaphylaxis are life saving. Epinephrine is the drug of choice for anaphylaxis and should be given immediately to any patient with suspected anaphylaxis.

C-reactive protein (CRP) is an acute inflammatory protein that increases with infection or inflammation. Procalcitonin (PCT) is the precursor of the hormone calcitonin and is used to aid in diagnosis of bacterial infection or sepsis. PCT is reported to be more superior to CRP, since it is more specific for sepsis and bacterial infection and allows better disease monitoring.

PCT level may also be elevated in many other conditions, including multiple organ dysfunction syndrome, trauma, severe pancreatitis, rhabdomyolysis, hypovolemic and cardiogenic shock and burns. Anaphylaxis triggered by drug exposure can also induce a marked elevation in PCT levels and has been reported in literature.

We report a case of a 56 year old female who presented with anaphylactic shock following intake of co-amoxiclav and was found to have high CRP and PCT levels which led to a diagnostic dilemma of septic shock vs. anaphylaxis.