

ANAPHYLAXIS IN A PARTURIENT

AMNIOTIC FLUID EMBOLISM

PULMONARY EMBOLISM

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BSOG

DIFFERENTIAL DIAGNOSIS

Factors	ANAPHYLAXIS	AMNIOTIC FLUID EMBOLISM	PULMONARY EMBOLISM
RISK FACTORS	ALLERGY	MULTIPARITY, AMNIOINFUSION AMNIOCENTESIS TIMULTOUS LABOUR IUD. PLACENTA PRAEVIA ACCRETA	DVT THROMBOPHILIA HERAT DISEASE
PRESENTATION	SUDDEN	SUDDEN	SUDDEN
HYPOTENSION	+	+	+/-
CHEST PAIN	-	+	+
DYSPNOEA	+	+	+
CYANOSIS	+	++	=
BRONCHOSPASM	+++	+	+

Anaphylaxis in Parturient

Etiology: Significant

Antibiotics

Severe Anaphylactic Reaction to Preoperative Aspiration Prophylaxis

Muhammad Sohaib, Faraz Shafiq and Muhammad Irfan-ul-Haq

Symptoms: Itching; Back Pain: uterine pain;

Fetal distress

Management: Hydrocortisone; adrenaline:

High flow Oxygen administration

Keep systolic pressure > 90 mm Hg

Cesarean section to save fetus

Prevention: History of allergy ; Sensitivity Testing

Table 1: Drug involved in perioperative anaphylaxis

<i>Substance</i>	<i>Incidence of perioperative anaphylaxis (%)</i>	<i>Most commonly associated with perioperative anaphylaxis</i>
Muscle relaxants	69.2	Succinylcholine, rocuronium, atracurium
Natural rubber latex	12.1	Latex gloves, tourniquets, foley catheters
Antibiotics	8	Penicillin and other β -lactams
Hypnotics	3.7	Propofol, thiopental
Colloids	2.7	Dextran, gelatin
Opioids	1.4	Morphine, meperidine
Other substances	2.9	Propacetamol, aprotinin, protamine, bupivacaine

Amniotic fluid embolism (1789)

Rare-3,3 per 100000 deliveries –ICD 10

50% mortality first hour

35% mortality in ICU PNMR-32%

Case fatality rate- 20% Contributes to maternal mortality of 10%

Clinical Presentation : one or more of the following

- Sudden cardiovascular collapse

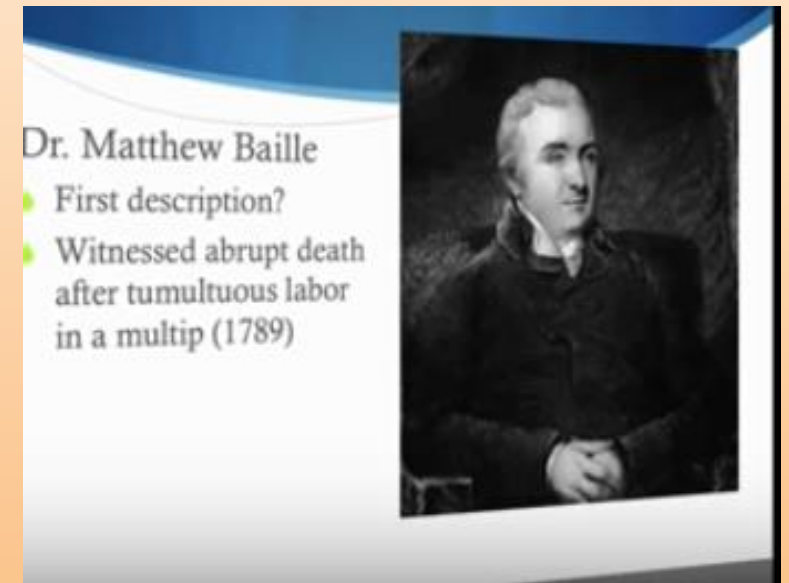
- Arrhythmias

- Profound hypotension

- Respiratory Distress/Cyanosis/,Dyspnoea Mayer 1926

- DIC

- Altered mental status



PREVENTION

RECOGNISE THE RISK FACTORS
PROPHYLACTIC MEASURES

ANTICIPATION

PROMPT RECOGNITION

EXPERT MANAGEMENT
PREVENT MATERNAL DEATH