



This is the first study to calculate a rate of IgE mediated anaphylaxis to teicoplanin in clinical practice” Azamgarhi et al (2018).

Abstract:

BACKGROUND: The rate of true anaphylaxis to teicoplanin is currently unknown.

METHODS: A case-series including all suspected anaphylactic reactions attributed to teicoplanin anaphylaxis within a single institution over a 29-month period were categorised according to the probability of true IgE mediated anaphylaxis using previously published criteria. The number of patients who receive Teicoplanin was determined and used to calculate the rate of IgE mediated anaphylaxis.

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RESULTS: Approximately 18800-19600 patients received teicoplanin during the study period, during which, there were fourteen cases of suspected anaphylaxis attributed to the administration of teicoplanin: five were categorised as definite IgE mediated anaphylaxis, four as probable, two as uncertain and three were excluded. Of the excluded cases, two were found to have positive intradermal skin testing to alternative agents (rocuronium and

chlorhexidine), and one did not meet the published clinical criteria. We therefore calculated the rate of IgE mediated anaphylaxis to be between 0.046% and 0.059% (equating to between 1:2088 and 1:1655).

CONCLUSIONS: This is the first study to calculate a rate of IgE mediated anaphylaxis to teicoplanin in clinical practice. Our case series suggests that these life-threatening reactions occur less commonly than reported by the manufacturers. Mast Cell Tryptase is unreliable when used to predict the likelihood of IgE mediated anaphylaxis to teicoplanin.

Reference:

Azamgarhi, T., Shah, A. and Warren, S. (2018) Teicoplanin Anaphylaxis Associated with Surgical Prophylaxis. British Journal of Clinical Pharmacology. January 10th. .

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