

Patient with Anaphylaxis Following Blunt Abdominal Trauma

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A previously healthy 22-year-old man presented to the emergency department with abdominal pain, nonbloody and nonbilious vomiting, flushing, and a syncopal episode following a minor blunt abdominal trauma. The patient denied any history of allergic reaction and drug usage. His temperature was 36.3°C, pulse was 127 beats/minute, and blood pressure was 95/52 mmHg. Physical examination revealed tenderness of the epigastric region and the upper right quadrant, with diffuse flushing of the skin. White blood cell counts, hemoglobin and hematocrit levels, and liver functions were found to be normal. Laboratory studies demonstrated elevated arterial-



Figure 1. Abdominal computed tomography with intravenous contrast (axial view) showing a partially collapsed cystic lesion (white arrow) with a diameter of 11 cm at its widest portion, losing its normal spherical shape, having a lobulated margin, and containing a number of septations (red arrows) within



Figure 2. Abdominal computed tomography with intravenous contrast (coronal view) showing a partially collapsed cystic lesion (white arrow), losing its normal spherical shape, having a lobulated margin, and containing a number of septations (red arrows) within

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Figure 3. Abdominal computed tomography with intravenous contrast (axial view) showing free fluid (arrow) in the perihepatic region.

lood lactate level of 3.3 mmol/L (reference range, 0.5-1.6 mmol/L). Focused assessment with sonography in trauma revealed free fluid in all abdominal quadrants. Contrast-enhanced computed tomography of the abdomen was performed because the diagnosis was not clear (Figures 1-3).

The patient was diagnosed with acute anaphylaxis due to a ruptured hydatid cyst of the liver. Hydatid cyst is a parasitic disease caused by four distinct *Echinococcus* species (*E. granulosus*, *E. multilocularis*, *E. vogeli*, and *E. oligarthrus*) (1). Humans are infected through the ingestion of parasite eggs, which are released in the stool of infected canines (2, 3). The most common presentation is hydatid cyst with liver localization (1). Hydatid cyst rupture due to strenuous physical activity, abdominal trauma, or surgical trauma is a well-known etiology of anaphylaxis (2, 4). If a hydatid cyst ruptures, release of cystic content can result in allergic reactions ranging from a mild allergic reaction to anaphylaxis (1).

The patient was treated with fluid resuscitation, diphenhydramine, nasal oxygen, and glucocorticoids and operated thereafter. Albendazole was prescribed following the surgery. The patient was discharged home with cure on the 7th day of admission. Informed consent was obtained from the patient who participated in this case.

Informed Consent: Written informed consent was obtained from patient who participated in this study.

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