Test yourself in anaphylaxis

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Choose only one answer:

1. Non allergic anaphylaxis is caused by:
   a. Cytotoxic and immune complex-mediated reactions
   b. Non-immunologic mast cell activators e.g. narcotics
   c. NSAIDs and other modulators of arachidonic acid metabolism
   d. All of the above

2. All are true about the oral allergy syndrome except:
   a. Manifested primarily by severe oropharyngeal itching
   b. May be accompanied by facial angioedema
   c. Caused by eating certain animal-derived foods
   d. Due to homologous proteins found between pollens and foods

3. Mark the correct statement:
   a. Bee venom causes anaphylaxis by a non-IgE mediated response
   b. There is allergen cross reactivity between latex and banana
   c. Anaphylactic reactions due to skin prick tests are common
   d. Selective IgA deficient subjects develop anaphylaxis when given blood products due to formation of immune complexes

4. Anaphylactic reactions may be caused by:
   a. Odors of cooked fish
   b. Skin contact with milk
   c. Inhalation of peanut powder
   d. All of the above

5. The following commonly cause anaphylaxis except:
   a. Insulin
   b. Tetanus toxoid
   c. IVIG
   d. Venom antitoxins

6. Mark the incorrect statement:
   a. Summation anaphylaxis may explain intermittent anaphylaxis despite frequent allergen exposure
   b. Patients with exercise induced food allergy are able to ingest the incriminated food safely as long as they do not exercise for several hours after eating it
   c. Plasma beta-tryptase is usually elevated in food-induced anaphylactic reactions
   d. Death has been reported to occur days to weeks after the initial anaphylactic event

7. Co-factors in the causation of anaphylaxis include:
   a. Angiotensin-converting enzyme inhibitors
   b. Spicy food
   c. High ambient temperature
   d. All of the above
   e. None of the above

8. Which symptom of the following is true?
   a. Insect venom allergy usually starts after 2-4 hours
   b. Urticaria is rare in antibiotic allergy
   c. Abdominal symptoms are more common in food allergy
   d. None of the above

9. A false statement about the clinical picture of anaphylaxis is:
   a. Itching of the lips, tongue and palate are the earliest signs
   b. Hypertension is common
   c. Cutaneous symptoms may be totally absent
   d. A late phase reaction may occur within 24 hours

10. Differential diagnosis of anaphylaxis includes all except:
    a. Pulmonary embolism
    b. Hemolytic anemia
    c. Epiglottitis
    d. Carcinoid syndrome
11. The following may differentiate between anaphylactic and vasovagal reactions:
   a. Angioedema
   b. Diaphoresis
   c. Nausea
   d. Syncope
   e. All of the above

12. All are among the lines of treatment of anaphylaxis except:
   a. Vasopressin
   b. IV saline infusion
   c. Nebulised epinephrine
   d. Beta blockers
   e. Endotracheal intubation

13. Mark the incorrect statement:
   a. Corticosteroids do not benefit acute anaphylaxis but may prevent relapse or protracted anaphylaxis.
   b. Cimetidine may reduce histamine-induced cardiac arrhythmias and anaphylaxis-associated vasodilatation.
   c. The patient should be supplied with oxygen to reach a saturation of no more than 70% as determined by pulse oximetry
   d. Equipment for endotracheal intubation should be available for immediate use in event of respiratory failure

14. One of the following statements is true in the treatment of anaphylaxis:
   a. The patient should be placed flat in the prone position
   b. Establish IV access with large bore catheter to administer glucose 5%
   c. Hydrocortisone is the drug of choice
   d. Antihistamines are not useful for the initial management of anaphylaxis

15. The pediatric dose of epinephrine in anaphylaxis is:
   a. 0.01 ml / kg body weight of 1/100 solution
   b. 0.01 ml / kg body weight of 1/1000 solution
   c. 0.1 ml / kg body weight of 1/100 solution
   d. 0.5 ml / kg body weight of 1/1000 solution

16. Misconceptions in the appropriate use of epinephrine include:
   a. A severe attack will always be preceded by an earlier and milder warning reaction
   b. There is always time to get medical attention so patients do not have to worry about quick intake of epinephrine
   c. Medications, especially epinephrine, will always work when needed, even if use is delayed
   d. All of the above

17. Which statement is true in the management of anaphylaxis?
   a. Allergen-specific IgE testing is more sensitive than SPT in diagnosing the cause
   b. Specific immunotherapy to venom allergy is less than 50% protective
   c. Absorption of subcutaneous epinephrine is too slow to save the patient's life
   d. The epinephrine dose can only be repeated at two hour intervals

18. Long-term management of individuals who have experienced anaphylaxis must include:
   a. Pre-treatment with glucocorticosteroids and antihistamines before administering radio-contrast media
   b. The use of powder-free, low allergen gloves
   c. Using oral medications in preference to injected forms
   d. All of the above

19. Patients with egg allergy should be tested before receiving:
   a. Measles vaccine
   b. Injected polio vaccine
   c. Hepatitis A vaccine
   d. All of the above

20. Anaphylaxis avoidance strategies in schools include all except:
   a. Strict “no food or eating-utensil trading” rules should be implemented
   b. Eating areas should be restricted to outside school buildings
   c. Foods brought in for special events should contain complete ingredient declarations
   d. Parents should inform the staff in writing about foods to be avoided and suggest safe substitutions

(Answers in page 82)