RARE CASE OF LOCAL

Allergic hypersensitivity reactions

Presented by:-
DR GURCHAND SINGH
PG RESIDENT

UNDER GUIDENCE OF :-
DR SUDHAKAR VAIDYA
ENT PROF & HEAD

- Pt-abc
- Age -16yrs,Sex –female
- Address –ujjain
- c/o pain in the left ear x2days
  swelling on the left pinna x1day
  rashes on the face left side x1day

- h/o topically putting ear drop by her own

- H/o swelling & rashes occurred just within 24 hrs after putting the ear drop
- No h/o fever, nausea, vomiting, diarrhoea
- No previous same past history
- No drug history
- No such family history

On examination

- Ear :-diffuse erythematous swelling over the pinna , in the External Auditory Canal,preauricular area & cheek on the affected side
- Rashes over the face on the same side
- Tympanic membrane could not be seen due to oedema

Rt ear(N)



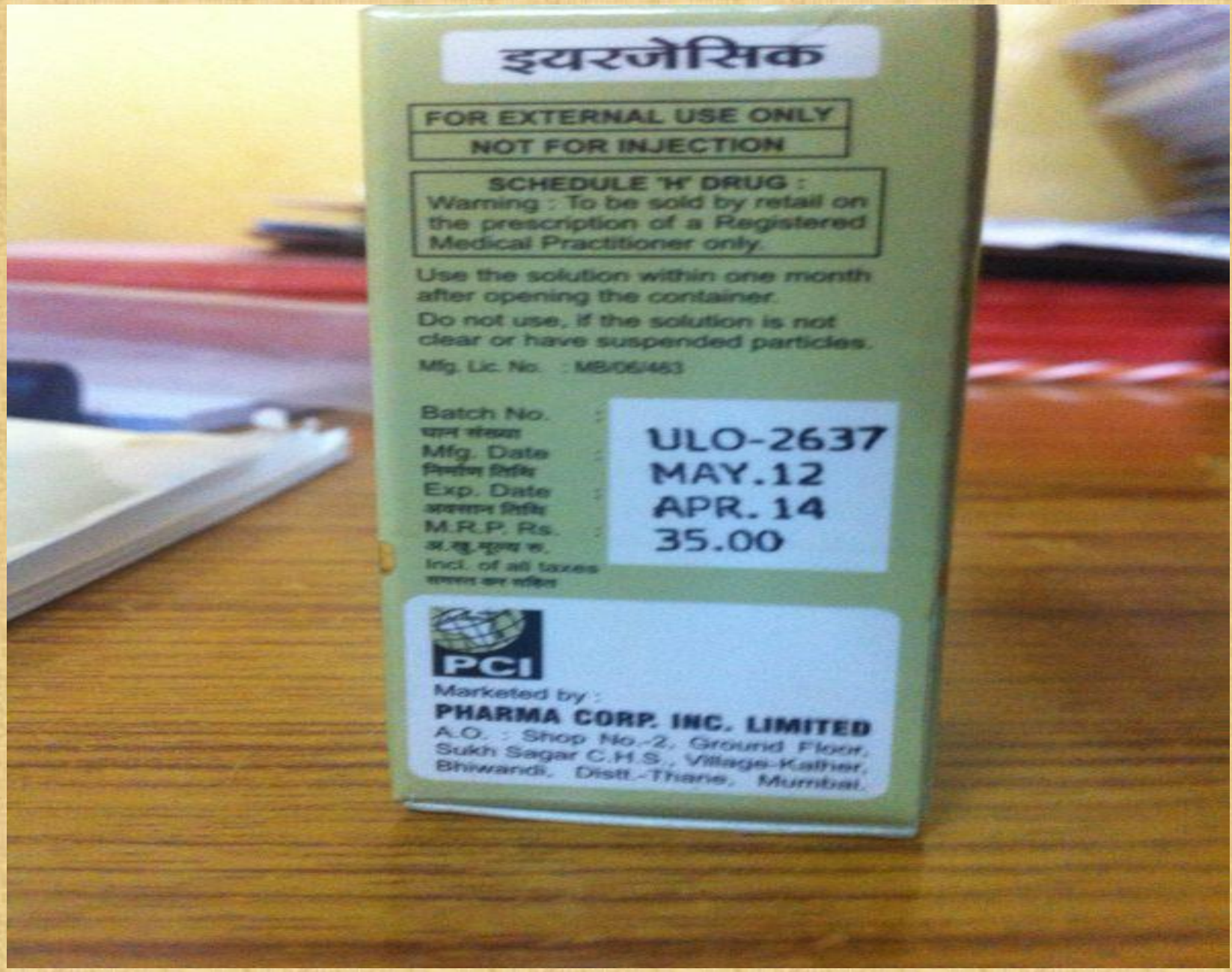
Left ear








10ml.
℞
Chloramphenicol,
Beclomethasone Dipropionate,
Clotrimazole with
Lignocaine HCl
Ear Drops
Eargesic
Ear Drops
PCI
Trusted quality of PCI


इयरजेसिक
FOR EXTERNAL USE ONLY
NOT FOR INJECTION
SCHEDULE 'H' DRUG :
Warning : To be sold by retail on the prescription of a Registered Medical Practitioner only.
Use the solution within one month after opening the container.
Do not use, if the solution is not clear or have suspended particles.
Mfg. Lic. No. : MB/06/463
Batch No.
Mfg. Date
Exp. Date
M.R.P. Rs.
Incl. of all taxes
ULO-2637
MAY.12
APR.14
35.00
PCI
Marketed by :
PHARMA CORP. INC. LIMITED
A.O. : Shop No.-2, Ground Floor, Sukh Sagar C.H.S., Village-Kalher, Bhiwandi, Distt.-Thane, Mumbai.

Differential diagnoses:

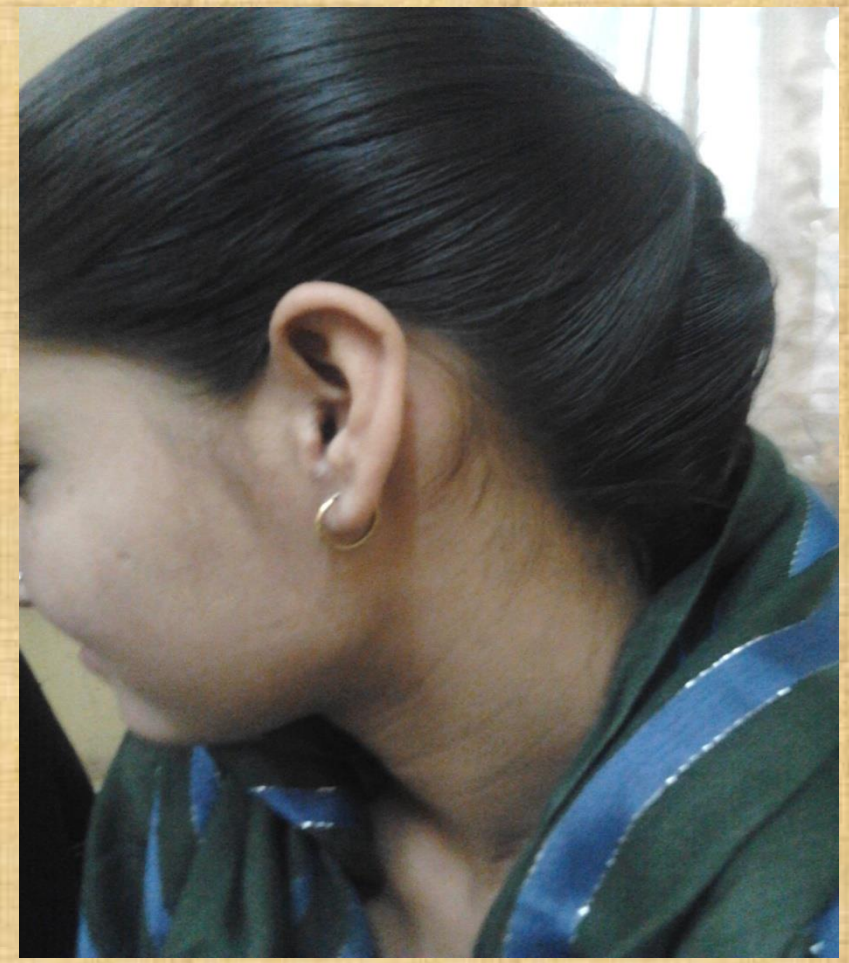
- Atopic dermatitis of EAC
- Otitis externa
- Otitis media
- Ramsay Hunt syndrome
- Furuncle
- Insect bite
- Erysipelas
- Perichondritis
- Foreign body

Management

- Discontinued the ear drop
- Systemic steroids:-
- Prednisolone 10 mg TDS
- Antihistamine :-citrizine 5mg BD
- Vitamin C
- Analgesic SOS
- Pt improved within 3 days

Post treatment





Reactions to chloramphenicol

- Serious and sometimes fatal reactions have occurred in patients taking chloramphenicol, even during short-term systemic therapy or after long-term local application.
- These include blood dyscrasias such as aplastic anemia, hypoplastic anemia, thrombocytopenia and granulocytopenia.

CONTRAINDICATIONS of chloramphenicol

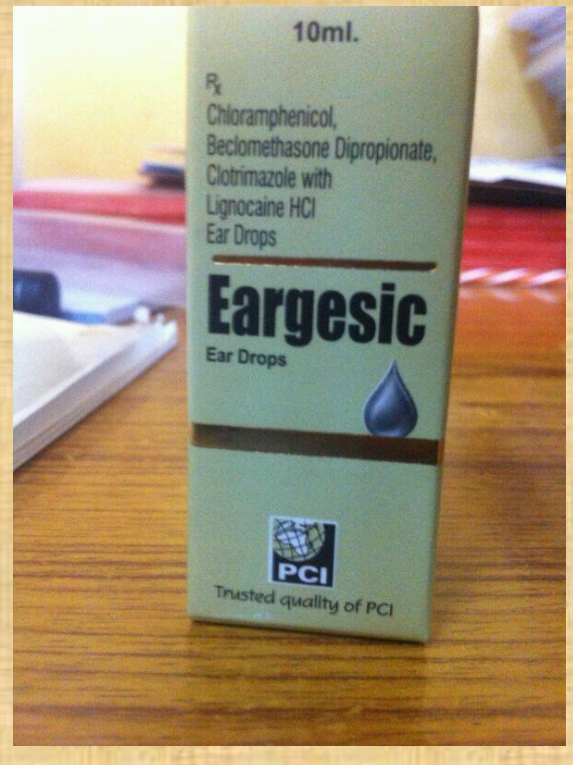
- Perforated tympanic membrane is considered a contraindication to the use of this medication

- In the ear chloramphenicol ear drops are contraindicated in individuals with a history of hypersensitivity.

PRECAUTIONS

- Discontinue promptly if irritation occurs.
- Bone marrow hypoplasia, including aplastic anaemia and death, has been rarely reported following local application of chloramphenicol.
- Chloramphenicol should not be used when less potentially dangerous agents would be expected to provide effective treatment.
- The use of this antibiotic, as with other antibiotics, may result in an overgrowth of non-susceptible organisms, including fungi.
- In all serious infections, the topical use of chloramphenicol should be supplemented by appropriate systemic antibiotics

Adverse Drug Reaction





By-

Department of Pharmacology

CAUSATIVE DRUGS

1. CHLORAMPHENICOL
2. CLOTRIMAZOLE
3. LIGNOCAINE

• WHO–UMC* causality categories

CAUSALITY TERM	ASSESSMENT CRITERIA (ALL POINTS SHOULD BE REASONABLY COMPLIED)
Certain	Event or laboratory test abnormality, with plausible time relationship to drug intake Cannot be explained by disease or other drugs Response to withdrawal plausible (pharmacologically, pathologically) Event definitive pharmacologically or phenomenologically (ie, an objective and specific medical disorder or a recognized pharmacologic phenomenon) Rechallenge satisfactory, if necessary
Probable/likely	Event or laboratory test abnormality, with reasonable time relationship to drug intake Unlikely to be attributed to disease or other drugs Response to withdrawal clinically reasonable Rechallenge not required
Possible	Event or laboratory test abnormality, with reasonable time relationship to drug intake Could also be explained by disease or other drugs Information on drug withdrawal may be lacking or unclear
Unlikely	Event or laboratory test abnormality, with a time to drug intake that makes a relationship improbable (but not impossible) Disease or other drugs provide plausible explanation
Conditional/unclassified	Event or laboratory test abnormality More data for proper assessment needed, or Additional data under examination
Unassessable/unclassifiable	Report suggesting an adverse reaction Cannot be judged because information is insufficient or contradictory Data cannot be supplemented or verified

**The Uppsala Monitoring Centre*

POSSIBLE

- Event or laboratory test abnormality, with reasonable **time relationship** to drug intake.
- Could also be explained by **disease or other drugs.**
- Information on drug **withdrawal** may be lacking or unclear.


THANKYOU