For the Patient

The full report is titled "Idiopathic Anaphylaxis: Diagnosis and Management" by Alyssa G. Burrows and Anne K. Ellis. The report appears in the Nov-Dec 2021 issue of *Allergy Asthma Proceedings* (volume 42, pages 481–488).

For the Patient is provided to physicians so that the patients can better understand the language of modern medicine.

For the Patient is written by the editors (Bellanti, JA and Settipane, RA) and provided to practitioners so that patients can better understand the usefulness of new information resulting from medical research.

IDIOPATHIC ANAPHYLAXIS

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur within seconds or minutes of exposure to something patients are known to be allergic to, such as peanuts or bee stings. However, sometimes it can occur without an identified trigger. Anaphylaxis causes the immune system to release a flood of chemicals that can cause patients to go into shock, with a rapid fall in blood pressure, narrowing of the airways, and blockage of breathing. Signs and symptoms may also include a rapid, weak pulse; a skin rash; and nausea and vomiting. Common triggers include foods, medications, insect venom, and latex. In the rare instance when no specific trigger can be identified, the form of anaphylaxis is referred to as idiopathic anaphylaxis (IA). In a recent report, Burrows and Ellis, from Allergy Research Unit, Kingston Health Sciences Center – KGH Site, Kingston, Ontario, Canada, described the complexities of diagnosis and management of patients with IA.

Why Did the Researchers Do This Particular Study?

The authors performed this study to review current and emerging methods of diagnosis and treatment of IA.

Who or What Was Studied?

The authors thoroughly searched the world's published reports with regard to the prevalence, diagnosis, differential diagnosis, and medical management (acute and long term) as well as the potential role of biologic (monoclonal antibody) therapy for AI.

How Was the Study Done?

Eighty-eight previously published reports with regard to IA were reviewed and summarized with the authors' own experiences.

What Were the Limitations of the Study?

The report emanated from a single center, which may have influenced the results.

What Are the Implications of the Study?

The lack of diagnostic criteria and the limited treatment options make IA challenging for patients and clinicians to manage. A differential diagnosis of known causes of anaphylaxis, such as hidden food allergies and mast cell disorders, must first be ruled out. Because intramuscular epinephrine is the first-line therapeutic agent, patients with IA must carry an epinephrine autoinjector. Second-line treatments for long-term management may include antihistamines and corticosteroids; however, clinical evidence for specific treatments is sparse. Omalizumab, dupilumab, and rituximab are biologics that have shown some potential for use in this patient population. □