

(135) Anaphylactic Reactions in Prehospital Medicine

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Introduction: Anaphylactic reactions are quite frequent in the field of prehospital medicine and represent a potentially life-threatening condition. This study is a retrospective examination of patients with anaphylactic reactions, focusing on the etiologic agent, clinical evaluation, and therapeutic strategy. **Methods:** The needs of 135 cases with anaphylactic reactions were reviewed retrospectively. There were 76 men and 59 women with mean age of 48.8 years.

Results: Severe anaphylactic reactions were detected in 32 cases, so designated by the presence of respiratory compromise. Cricothyroidotomy was not required in any of the cases. In 63 cases, the element responsible for the anaphylactic reaction were foods, in 42 cases a drug, and in 32 cases insect venoms. Oxygen saturation, blood pressure, and cardiac rhythm should be monitored closely. Supplemental oxygen should be administered. The pharmacologic therapy of anaphylactic reactions consists of the administration β -adrenergic agents, antihistamines, and corticosteroids.

Conclusion: Anaphylactic reactions represent a medical emergency and the severe cases are challenging for physicians of prehospital medicine. The treatment consists of supporting cardiopulmonary function, including the aggressive use of pressors, fluid replacement, and medications to counteract the release of chemical mediators. The maintenance of an adequate airway and ventilation is essential. **Keywords:** anaphylactic reaction; antihistamines; β -adrenergic agents; cricothyroidotomy; prehospital

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(136) Atypical Coronary Ischemia in Prehospital Medicine

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Introduction: The silent or atypical presentation of myocardial infarction is recognized as an important manifestation of coronary heart disease and it is associated with an unfavorable prognosis. The purpose of the study was to assess the cases with an atypical episode of coronary ischemia and define the epidemiological characteristics, the clinical presentation, and the previous medical history of the patients.

Methods: A total of 285 cases with an acute coronary syndrome (ACS) during the prehospital phase were examined. All the patients had electrocardiography (ECG) changes consistent with ACS.

Results: An episode was characterized as atypical when it was not accompanied by chest pain. From the 285 exam-

ined cases, 27 (9.5%) patients presented with atypical symptoms. There were 16 men and 11 women. The mean age of the patients with the atypical symptoms was 71.1 ± 3.4 years. For 11 (40.4%) cases, the main symptom was shortness of breath, for 9 (33.3%) of the cases, a syncopal episode or fainting were the main presenting symptoms, and for the remaining 7 (25.92%) cases, a gastrointestinal disturbance such as nausea and vomiting or abdominal pain were the main symptoms. Diabetes was detected in 12 (44.4%) cases.

Conclusions: Frequently, atypical symptoms were not recognized as being caused by coronary ischemia. In the prehospital medicine a high index of suspicion is considered important, especially of older patients with diabetes or neurological dysfunctions that may affect the way they perceive the symptoms of ACS.

Keywords: acute coronary syndrome (ACS); coronary ischemia; epidemiologic characteristics; prehospital; symptoms

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(137) Non-Traumatic Coma in Prehospital Medicine

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Introduction: A coma is a sign of brain failure and must be treated emergently in an effort to prevent and minimize irreversible central nervous system injury. The aim of this study was to investigate the cases of acute onset coma in patients in the prehospital setting, focusing on the epidemiological characteristics of the patients and on emergency stabilization.

Methods: In this retrospective study the records of 278 patients presenting acute-onset, non-traumatic comas were reviewed. There were 156 males. The mean age of the patients was 47.8 years.

Results: The initial GCS of the patients was 11 ± 2 . The causes of the coma were: 76 drug intoxication, 62 cerebrovascular disease, 32 post-seizure, 15 suspected electrolyte abnormalities, 18 hypercapnia, 18 hypoglycemia, 12 diabetic ketoacidosis, nine infection, and eight uremia. In the remaining 28 cases, the cause of the coma remained unknown in the prehospital setting. A history of previous episodes was evident in 56 cases. Emergency intubation was required in 12 cases.

Conclusion: In the emergency care setting, any acute alteration in consciousness represents significant neurologic dysfunction and must be regarded as a life-threatening emergency, especially in young patients. The goals of management of the acute alterations of consciousness in the prehospital medicine are threefold: (1) prevent secondary hypoxic ischemic brain injury; (2) prevent herniation; (3) diagnose and treat, if possible, the underlying cause of coma.

Keywords: coma; emergency stabilization; neurological dysfunction; non-traumatic coma

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