

# A Practical Approach to the Management of Anaphylaxis induced by the Infusion of Intravenous Immunoglobulins: A Case Report

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## BACKGROUND

Allergic reactions, including anaphylaxis, are a well-known complication in some patients who receive blood/plasma transfusions and have an immunoglobulin (Ig) A deficiency. Even patients with panhypogammaglobulinemia and deficient vaccine response may experience anaphylactic episodes probably because the infused Igs may induce antibody-mediated reactions when these patients receive the treatment (IgIV)

Lymphocytes 2300 cells/dl (CD69+< 10 and CD3+2200)

IgG < 3 mg/dL; IgA < 6 mg/dL; IgM < 3 mg/dl

Vaccine response:

- anti-diphtheria toxoid < 0.01 IU/ml
- anti-pneumococcus < 3.33 mg/L
- anti-salmonella < 7.40 U/ml
- anti-tetanus toxoid < 0.01 IU/ml
- anti-COVID IgA Antibodies 0.30 (OD)
- anti-COVID IgG Antibodies 0.10.

COVID vaccine response: strong positive for DTH (cellular immune response ++)

Anti-IgA antibodies were absent.

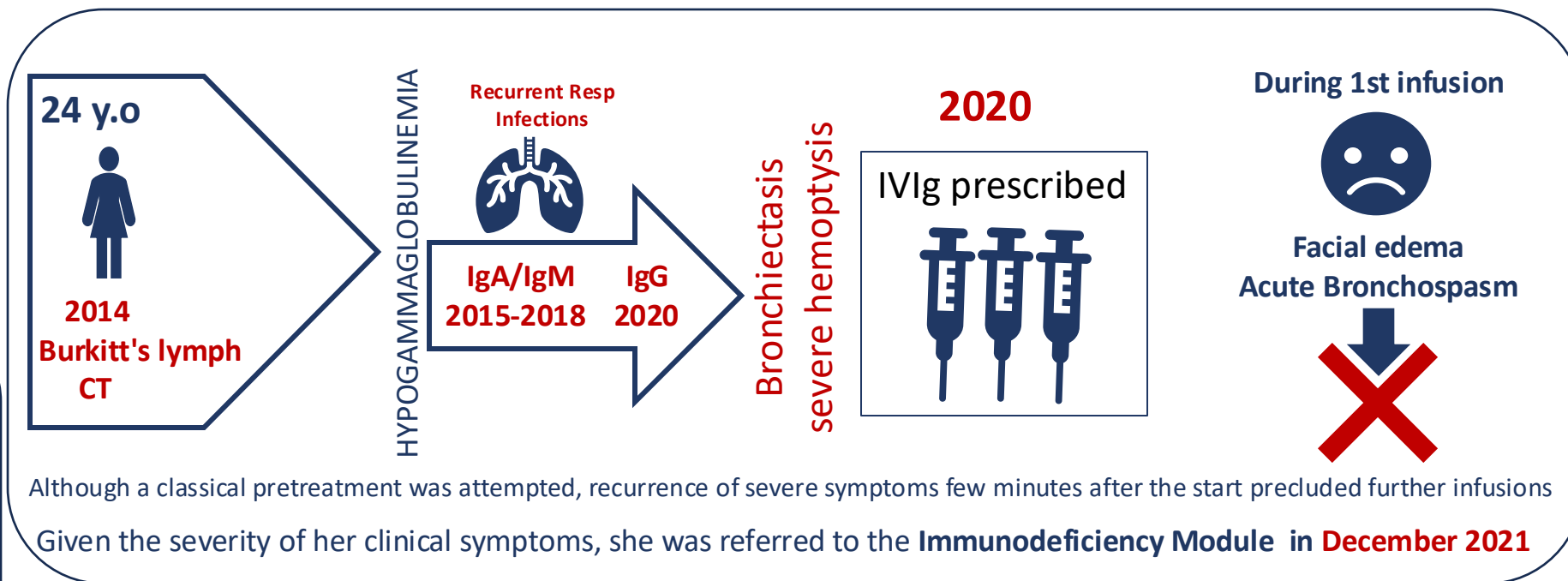
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## CASE REPORT



## DESENSITIZATION PROTOCOL

A desensitization program was designed using a variant of Castells'12-step desensitization protocol (Castells M, Brigham and Women's Hospital, Harvard Medical School,Boston,MA) at the Haematology Day Hospital with full pretreatment and culminated with 20 g of intravenous immunoglobulin. The protocol was adapted and successfully completed with only a slight subsequent headache. Since then, the same regimen was scheduled every 4 weeks with an improvement in her symptoms and quality of life.

