

Two cases of nafamostat mesilate induced anaphylaxis

Division of Pulmonary, Allergy, and Critical Care Medicine, Division of Nephrology, Department of Medicine, Hallym University Sacred Heart Hospital, Hallym University College of Medicine, Anyang

*Jae-Hyung Bae, Eun-Yong Shin, Joo-Hee Kim, Jwa-Kyung Kim, Young-Rim Song, Sung-Gyun Kim, Hyung-Jik Kim, Ji-Young Park, Sunghoon Park, Yong Il Hwang, Seung Hun Jang, and Ki-Suck Jung

Nafamostat mesilate is a prostacyclin analog inhibiting serine proteases and has been widely used as an anticoagulant in hemodialysis because of its pharmacological advantages, one of which is to reduce bleeding tendency. There have been a few case reports of allergic reactions by nafamostat mesilate in Japan, and only one case report of anaphylaxis in Korea. Here, we report two cases of patients showing anaphylaxis induced by nafamostat mesilate. The first case is a 78-year old female consulted to our clinic for the evaluation of possible causes of cardiac arrest during dialysis. Nafamostat mesilate was used as an anticoagulant for hemodialysis to minimize the risk of bleeding as she had undergone bursa excision and wound closure due to infective bursitis of her ankle. On the sixth session of hemodialysis after surgery, she had sudden cardiac arrest following complaining itching sense and urticaria on her thighs and abdomen. After successful resuscitation, she had been treated in the intensive care unit for 5 days. The second case is a 66-year old female consulted to our clinic due to dyspnea, cough, and itchy sense with nafamostat mesilate. As both patients complained mild allergic symptoms including itchy sense, and urticaria during the previous dialysis, we suspected allergic reaction. We performed skin test and basophil activation test using nafamostat mesilate on the patients. The intradermal tests showed positive results in both patients, and basophils of the patients treated with nafamostat mesilate were found to have significant upregulations in both CD63 and CD230c expression. They restarted hemodialysis using heparin instead of nafamostat mesilate and they did not have any adverse reactions. In conclusion, nafamostat mesilate should be considered one potential cause of cardiac arrest or allergic reactions during dialysis, although an allergic reaction to nafamostat mesilate is rare, and it is very important to have a clinical suspicion during diagnosing hypersensitivity to nafamostat mesilate.

Mycoplasma pneumoniae-associated Fuchs syndrome

Department of Internal Medicine, Hallym University College of Medicine, Chunchun, Korea

*Jongsun Yeom, Cheol-Hong Kim, In-Gyu Hyun, Jeong-Hee Choi

Background: Fuchs syndrome is a rare and atypical variant of Stevens-Johnson syndrome with prominent mucocutaneous involvement without skin lesions. *Mycoplasma pneumoniae* infection was frequently associated with Fuchs syndrome in children. However, there has been only one report of *M. pneumoniae*-associated Fuchs syndrome in a boy in Korea. Here, we report a case of *M. pneumoniae*-associated Fuchs syndrome in an adult. **Case:** A 26-year-old Indonesian woman was admitted with pain in oral cavity for 1 week. She had had fever and nonproductive cough a week before admission. Oral mucosa and lips covered with erosive and ulcerative lesions with serofibrinous exudates. Conjunctivae were hyperemic with mild discharge. Lt vaginal vulva showed ulcerative lesion on gynecologic examination. Macular lesions were scattered on the trunk and both arms and hands. Chest X-ray and chest computed tomography showed pleural effusion and subsegmental atelectasis on both basal lungs. Initial complete blood counts and biochemical analyses were normal. Serum IgM antibodies to *M. pneumoniae* was positive. Serology tests to HSV, EBV and CMV were all negative. We started systemic glucocorticoids (methylprednisolone, 1 mg/Kg, IV) and antibiotics (levofloxacin, IV) with topical steroids and dressing for stomatitis, conjunctivitis, and vulvovaginal ulcer. About 10 days after treatment, the patients recovered almost completely without any sequelae and was discharged. **Conclusions:** Fuchs syndrome is a rare variant of Stevens-Johnson syndrome. Physician should recognize the characteristic features for early diagnosis of the syndrome.