

Case Based Scenarios Section

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Back to basic history taking to avoid problems

History taking is crucial for all medical fields. The common missed part of the history is allergic history.

Let's illustrate a case scenario

A 72 year old lady with Hypertension, Asthma, Rheumatoid Arthritis, Knee and Hand Osteoarthritis and Chronic Kidney disease having left eye Mature Cataract with VA of HM planned for cataract surgery under Local Anaesthesia. She had uneventful right eye cataract surgery done 5 years ago. During Pre-clerking, a junior doctor took all the history and no significant allergic noted.

On the cataract surgery day, while endorsing her current medications, another doctor asked if she is told to not take any medications previously. Patient took and showed her allergic card.

She is allergic to Lignocaine and Triamcinolone registered 4 years ago developing anaphylactic reaction, shortness of breath, rashes and itchiness over both upper limbs and face. She is also had macula papular rash secondary to sulfasalazine. She is also taking creams for eczema.

Let's discuss the management of this scenario:

Option to continue the surgery under Local Anaesthesia in view of uneventful first cataract surgery: It is not a good decision as patient at the moment already has documented allergic especially to Lignocaine.

Best option is to postpone the surgery and discuss with patient regarding her allergies to Lignocaine (used in intracameral),

triamcinolone (if anterior vitrectomy needed) and Acetazolamide (used if increased IOP). Better option is to do the surgery under GA without using Lignocaine.

Let's learn from this scenario

In patients with multiple illnesses it is common to overlook allergic history. It is also important to know that Asthma and allergic reaction have close relationship thus detailed allergic history should be asked in these patients. Allergic-focused history should asked about food or drug intolerance, skin reactions, environmental allergic- dust or fur.