

Case Report

Total Blindness Following Anaphylactic Shock due to Co-Amoxiclav Treatment

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Abstract

Anaphylactic shock is a rare but severe allergic reaction most often caused by an allergy to food, insect bites, or certain medications. Co-amoxiclav is an antibiotic medication used to treat many bacterial infections. In the present work, the authors report an 82-year-old female patient suffering from total blindness after anaphylactic shock after taking the first dose of co-amoxiclav.

Keywords: Total Blindness; Anaphylactic Shock; Co-amoxiclav.

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Introduction

Total blindness is the complete light misperception. Severe trauma or injury, complete retinal detachment, and end-stage glaucoma are the main reason for this condition. There are different diagnostic techniques to look for the extent of related pathological changes in these patients.

Magnetic resonance imaging (MRI) is among the imaging protocols used among patients experiencing sudden and unexplained visual loss ¹.

Visual evoked potential (VEP) is a potential evoked in the visual cortex by a particular visual stimulus.

VEP is a suitable technique that can be used to search for pathological changes in the visual pathway among patients with normal visual acuity ².

Shushtarian S.M. et al. in 2018, worked on pathological changes observed in visual pathway measured by VEP of laborers exposed to occupational vibration in a textile factory ³. There are several references explaining the utility of VEP for different physiologic and pathological conditions ⁴⁻⁷.

Finally, in the present study, we report VEP recording in the case of a patient suffering from sudden visual loss following anaphylactic shock after taking the first dose of co-amoxiclav prescribed by her physician.

Case Report

An 82-year-old female was referred to Basir clinic for a VEP examination. She suffered from total blindness (cortical blindness with normal pupillary light reflexes). The patient's history showed that she consulted a physician for a throat infection. The physician prescribed five doses of co-amoxiclav. She finished the treatment. After a week, she consulted her physician, and the adviser doctor ordered the

patient to continue the treatment. On taking the first dose of medicine, she suffered from headaches, tingling, numbness, black-out eyes, hives, and finally, anaphylactic shock. The condition was horrible, but fortunately, the patient was resuscitated after being taken to the hospital's emergency ward. She could then recover from the situation but could not see anything on recovery. The neurologist checked her eyes and ordered for MRI & VEP examination. MRI was normal, but VEP (flash) showed significant delay for P₁₀₀ latency, i.e., 138 and 145 msec for right and left eyes, respectively, despite no light perception.

Discussion

An old patient suffering from total blindness was referred to Basir clinic for a VEP examination. There was a severe delay in P₁₀₀ latency, meaning severe visual pathway atrophy in both eyes.

The most related work was the case of Pierre L Lefebvre and his colleagues in 2004. They reported the clinical and radiologic features of a 31-year-old woman suffering from incongruous binasal and bitemporal visual field defects and severe sudden visual loss due to hypoperfusion of bilateral geniculate bodies following anaphylactic shock induced by 500 mg amoxicillin per os. This is similar to the result of the present work, and the only difference is the type of antibiotic used ⁸.

Another case report was about a patient receiving co-amoxiclav as a prophylactic antibiotic in which the outcome was uneventful. On further questioning, there were many occasions in which the patient was administered an uncomplicated oral co-amoxiclav. Unknown drug allergies or otherwise were documented. The patient was given 1.2 gm co-amoxiclav. After the antibiotic administration, the patient experienced bronchospasm with increased

airway pressures and severe hypotension, indicating anaphylactic shock ⁹.

Conclusion

Every center in the wards that administer injectable antibiotics needs to have a standard protocol for managing allergy reactions.

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Footnotes and Financial Disclosures

Conflict of interest:

The authors have no conflict of interest with the subject matter of the present manuscript.