A Case Study

Severe Allergic Reaction to Mercurochrome Application

By U. P. Nand*

Mr. J. aged 30, was a selected *Kabaddi* player of Madhya Pradesh. He met with a minor abrasion during the time of a tournament. Mercurochrome was applied over the injured part by his colleagues.

Allergic reaction :

Mr. J. started getting itching around the injured portion where mercurochrome was applied soon after about 2 minutes. This then spread all over the body, associated with complaints of breathing difficulty, severe headache, vomiting, severe chest pain and palpitation. The patient became cyanosed and unconscious ; froth sputum started coming from mouth and urticarial rashes seen all over the body within 10 minutes after the application of Mercurochrome.

Emergency treatment :

On noticing the above complaints, the patient was immediately brought to the Casulty Department, where the patient's throat was cleaned and Oxygen inhalation in full speed was given together with artificial respiration.

B.P. was 60/40 mm hg., and temperature 96 °F, pulse was not recordable immediately. Inj. Antistine 2 cc. with Inj. Adrenaline (1—1000) 0·5 cc IM Stat was given; after an interval of 10 mts. Inj. Efcorlin 25 mgm. IM was given. Artificial respiration was continued at the rate of 8-12 times/mt. by the help of apparatus. At 6.00 p.m., I.V. infusion Glucose Saline with 4 mgm. of Noradrenalin was administered at the rate of 40-50 drops per mt. to raise B.P. On checking at 6/15 p.m. B.P. was not satisfactorily recordable. Inj. Betnasol 4 mgm. IM was then given. After the emergency management was over, the patient was immediately seen by the medical specialist at 6.30 p.m.

Examination & Advice :

(*a*) **General appearance** :—The patient was almost unconscious, both eye lids inflammed, lips were swollen, froth and sputum coming from mouth ; eye balls were pink. The patient was not responding to painful stimuli. 1st pint I. V. glucose saline with Noradrenaline was on flow.

(*b*) **O.E** :—Throat was congested, tongue inflamed, urticarial rashes seen all over the body ; temp. 97°F., pulse (Volume & Tension) poor and not countable. Respiration was irregular. B.P. 97/70 mm hg. Inj. Noradrenalin was increased with I.V. infusion to 8 mgm. at the rate of 30 drops per mt. After 1½ hr. of I.V. infusion, patient started responding to painful stimuli and questions. After about an hour, patient suddenly complained of severe headache and pain in chest and became drowsy. I. V. infusion was reduced to 10—15 drops/mt. Inj. Mephantine 15 mgm. IM given and lower limbs of the patient kept slightly raised for 4 hours. After 4 hours, B.P. was 100/80 mm hg., pulse 80 p.mt., V.T. strong. The patient became conscious except complaints of slight pain in chest. E.C.G. was taken to rule out any myocardial defect, but E.C.G. was in normal limit. Lungs were clear.

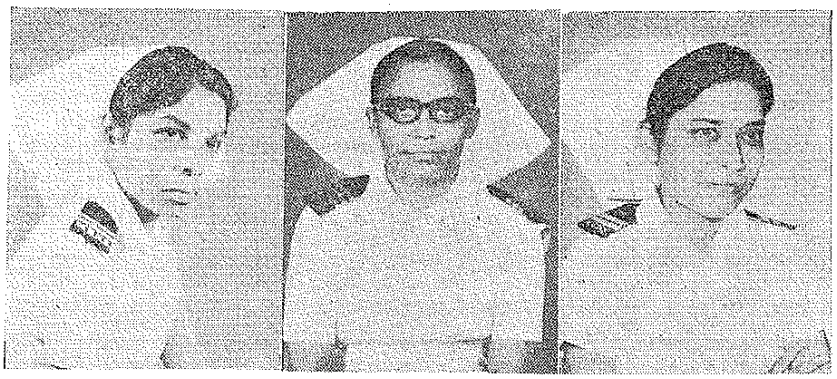
Second Day : The patient was fully conscious. No complaints except itching over the skin, mild nature. Pulse—76/80 V.T. good, Resp. 16/18 (strong), B. P. 110/80 mm hg. satisfactory.

Treatment revised : I.V. Glucose 5% alternatively with N/Saline (5 pints total) was given in 24 hours. B.P. rose to 128/88 mm Hg. Tabs. Prednisolon 2 TDS and Tab. Fortistal 1 TDS were given. T.P.R. Chart was normal. Output 1900 cc was considered satisfactory in 24 hours.

Third Day : There was no complaint. Rashes subsided. I.V. fluid discontinued. Patient was able to swallow liquid diet. Doses of Prednisolon and Fortistal were reduced.

Fourth Day : General condition was satisfactory. The patient was discharged with advice to continue out patient treatment. The patient was advised against the use of Mercurochrome or any drugs with mercurial combination. He was asked to maintain the Medicine/ Allergy Card.

Conclusion : It is a very rare case, rather the first case reported to this Hospital, in which reaction to mercurochrome application on the wound lead to the above complications. There was no etiological factor, which otherwise would have diagnosed the case as something. □



(L to R) : Sr. Bernadette and Sr Reba Sarkar (Jalpaiguri Sardar Hospital) and Sr. Basana Bose (Dr. B.C. Children's Hospital) Calcutta. They were awarded Gold Medals by the Govt. for their best performances. (See report on P. 265)

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