

Anaphylaxis to Corn and Its Implications On Anesthetic Management During Obstetrical Care - Navigating a Perioperative Maize of Derivatives

Maria D. Patrocinio, MD; Yunping Li, MD; Philip E. Hess, MD; Liana V. Zucco, MD

Background

- Allergy to corn has a prevalence of 0.28% among children and 0.22% in adults. ^{1,2}
- Corn derivatives are present in: ^{3,4}
 - 37% of marketed medication
 - blood product storage processes
 - coating material used in the operative setting.
- Very sparse literature is available.

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Categories	Safe	Unsafe
Induction agents	Ketamine, Fentanyl, Midazolam, Succinylcholine	Propofol, Etomidate, Rocuronium
Anti-emetics		Ondansetron, Dexamethasone
Pain management	Aspirin, preservative-free morphine, Fentanyl	Acetaminophen, ibuprofen, ketorolac, epidural morphine
Emergency agents	Atropine bistojets, Epi-pen, diphenhydramine	
Epidural/Spinal agents	Bupivacaine 0.5% +/- epi Lidocaine 1 and 2%	Bupivacaine 0.75% with dextrose
Uterotonics	TXA, Methergine, Carboprost	Oxytocin, misoprostol
Blood pressure agents	Prefilled norepinephrine syringes	Prefilled phenylephrine and epinephrine syringes
Blood products	Cell saver with heparin as anticoagulant	PRBC, FFP, Cryoprecipitate, Platelets
Intravenous fluids	0.9% Sodium Chloride	D5-W, D5-LR, D5-NS, LR, Albumin

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Teaching points

- Patients with true allergies to corn and corn derivatives are rare.
- Multidisciplinary teams including physicians from anesthesia, OB, allergology, pharmacist, and nursing
- Extensive and early preparation is encouraged
- Formulations between institutions may vary.

NDC number



References

1. PMID: 23992749
2. PMID: 9236505
3. PMID: 1696439
4. PMID: 1808842