



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Anaphylaxis Induced by Nafamostat Mesylate Upon Re-exposure in a Maintenance Hemodialysis Patient

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Case Study : Nafamostat mesylate (NM) is widely utilized as an anticoagulant during hemodialysis (HD) in East Asia due to its favorable pharmacokinetic profile and low bleeding risk; however, it can rarely trigger life-threatening hypersensitivity. We report a case of NM-induced anaphylaxis in an 83-year-old female (43 kg) on maintenance HD since 2008. While she had tolerated an initial NM exposure (12.5 mg/hr) one month prior without adverse events, this second exposure triggered a rapid systemic reaction. Within 30 seconds of NM infusion, the patient experienced burning sensations in both hands followed by a precipitous decline in blood pressure from 173/71 mmHg to 49/28 mmHg. HD was immediately discontinued, and intravenous saline was administered. Within 10 minutes, perioral discoloration, facial edema, vocal changes, hand erythema, and wheezing developed. Treatment included intramuscular epinephrine (0.3 mg), intravenous dexamethasone (5 mg), and oxygen supplementation, alongside continuous electrocardiographic and pulse oximetry monitoring. Her hemodynamic status gradually stabilized, reaching 188/77 mmHg within 40 minutes. The dialysis circuit and membrane were replaced, and HD was subsequently resumed and completed without further complications. Laboratory investigations revealed a significant elevation in serum tryptase (19.3 µg/L; normal <11.0 µg/L) and a decrease in platelet count (96,000/µL from baseline 136,000/µL), while total IgE remained normal at 38.9 IU/mL. Although only total IgE was measured and remained within the normal range, the clinical presentation upon re-exposure combined with elevated tryptase strongly suggests a mast cell-mediated hypersensitivity reaction, and an IgE-mediated mechanism cannot be excluded. This case highlights that NM-induced anaphylaxis can occur even after a safe initial administration, necessitating close clinical observation during the early courses of treatment and immediate preparedness with emergency protocols.

figure1.jpg



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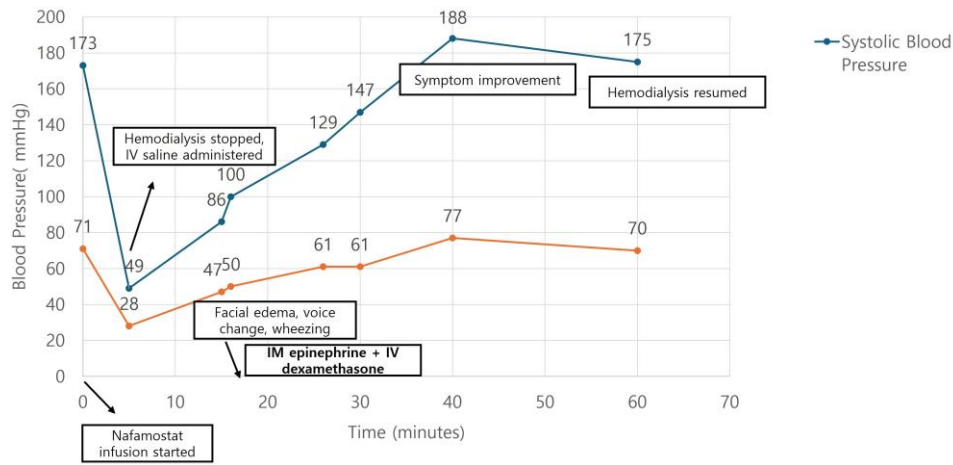


figure1.jpg

Parameters	Baseline (1 month ago)	During Event	Reference Range
AST / ALT (IU/L)	18/10	20 / 10	0–40 / 0–40
Hemoglobin (g/dL)	10.7	10.2	12.0–16.0
WBC count (/μL)	6,200	11,270 (↑)	4,000–10,000
Platelet count (/μL)	136,000	96,000 (↓)	150,000–450,000
Total IgE (IU/mL)	-	38.9	≤ 100.0
Serum Tryptase (μg/L)	-	19.3 (↑)	< 11.0