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Autore	Ruggieri, Francesca
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Nota di contenuto	ANAPHYLAXIS; Contents; Participants; Chair's introduction; History and classification of anaphylaxis; Discussion; Rethinking Th2 antibody responses and allergic sensitization; Discussion; General discussion I; The high affinity receptor for IgE, FcεRI; Discussion; Effector cells of anaphylaxis: mast cells and basophils; Discussion; Cytokine enhancement of anaphylaxis; Discussion; General discussion II; Patterns of anaphylaxis: acute and late phase features of allergic reactions; Discussion; Fatal anaphylaxis in the UK, 1992-2001; Discussion; The human heart as a shock organ in anaphylaxis Discussion General discussion III; Food-induced anaphylaxis; Discussion; Anaphylaxis to insect venom; Discussion; Anaphylaxis to anaesthetic drugs; Discussion; General discussion IV; The radiocontrast molecule in anaphylaxis. A surprising antigen; Discussion; General discussion V Fatal course of Vespula venom immunotherapy: pretreatment withdrawal of the b blocker may have been involved;

Epinephrine (adrenaline) in the first-aid, out-of-hospital treatment of anaphylaxis; Discussion; New approaches for the treatment of anaphylaxis; Discussion

Patient's perspective and public policy regarding anaphylaxis

Discussion; Final discussion; Index of contributors; Subject index

Sommario/riassunto

Anaphylaxis is an immediate-type allergic reaction involving the whole organism. It is the most life-threatening allergic condition. Although there are few exact epidemiological data regarding prevalence, estimates regarding insect sting anaphylaxis range from 1-3% in the general population, but much higher values have been reported by some authors for food and drug-induced anaphylaxis. Anaphylaxis is the main acute killer of allergic individuals. Although anaphylaxis was discovered at the beginning of the 20th century, there are still many unresolved issues. These include non-IgE-mediated
