



SNEEZE GAZETTE™

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VENOM ALLERGY

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Insect bites and stings are one of the 3 most common causes for anaphylaxis. Typically culprits are honey bees, wasps, hornets, yellow jackets, in the southern United States, fire ants. Allergic reactions to flies, mosquitoes, and other insects are rare. Allergic reactions to insect stings can occur at any age and after any number of uneventful insect stings. Reactions usually occur within minutes of sting or bite and can vary from mild to life threatening. Symptoms usually occur within minutes of being stung and may include hives and swelling, abdominal complaints, respiratory difficulty and asthma, low blood pressure and cardiovascular compromise such as shock. Large local reactions are swellings greater than 10 cm in diameter and lasting longer than 24 hours. Although they are not usually treated with venom immunotherapy, allergy injections may be used for those people who are at high risk for frequent repeated stings and in whom the reactions impair quality of life.



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reaction is often not clinically relevant.

Avoid large bushes especially if flowering; avoid drinking sweetened beverages outdoors (or keep them covered); keep garbage covered.

Avoidance of insect stings is a must for those who are allergic: avoid wearing bright colors especially flower pattern clothing outdoors. Wear long sleeves, pants, socks, shoes when walking outdoors on grass. Avoid wearing scented lotions and perfumes.

All patients should be followed by allergy and have self injectable epinephrine. Again, insect sting allergy can be cured with venom immunotherapy!

By Denise Kearney, MD

Patients allergic to insect sting should have self injectable epinephrine available at all times

All patients who have a history of severe insect sting reaction should seek consultation with an allergy specialist. When seen by the allergist history of reaction aided by environmental details: where were you (near a shrub, tree, porch, picnic), if the insect was seen what did it look like, was a stinger left in the skin (honey bee). You will be tested for all applicable local hymenoptera or stinging insects both by blood and intradermal skin testing and if positive, treatment in the form of venom allergy injections will be advised. Insect sting allergy can be cured with venom immunotherapy!

Allergy testing should always be delayed at least 4 weeks after reaction. Venom allergy testing is not indicated if you have not had a systemic reaction to an insect sting because positive testing without a history of insect sting

