MODERN ASPECTS OF ANAPHYLAXIS DIAGNOSTIC AND TREATMENT. PART 2

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Abstract. The aim of this review is to systematize and consider the biomarkers of anaphylaxis for their widespread clinical use, which will make the diagnosis of this disease early and accurate, and the treatment more effective.

A new classification of anaphylaxis based on precision medicine using phenotypes, endotypes and biomarkers has expanded the classification of Ph. Gell and R. Coomb's to better identify and treat anaphylaxis.

Skin tests, determination of specific IgE, allergen component diagnostics are safe tools for detection of sensitization to numerous allergens, especially in high-risk patients, for example, in patients with cancer, cystic fibrosis, and mastocytosis. Other biomarkers, such as basophil activation test, determination of tryptase level are useful diagnostic tools that will be included in daily allergological practice in the near future. The level of tryptase is preferably determined from 30 minutes to 3 hours after the onset of the reaction, tryptase is currently the best biomarker that confirms the diagnosis of anaphylaxis. More than 30 % of patients with idiopathic or unprovoked anaphylaxis may have an underlying pathology — clonal mast cell disease. Determination of the level of tryptase in such patients can help identify patients with clonal mast cell diseases.

Key words: anaphylaxis, phenotypes and endotypes of anaphylaxis, anaphylactic shock, immediate-type hypersensitivity reactions, IgE, monoclonal antibodies, epinephrine.