مؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH · EDUCATION · RESEARCH صحة · تعليم · بحوث

Five things to know about
Penicillin Allergy

Allergy and Immunology Awareness Program

When penicillin was first introduced in 1928, it was deemed a wonder drug and has revolutionized medicine ever since. We can now treat infections that used to be a death sentence.

Up to ten percent of people report being allergic to penicillin, according to the Centers for Disease Control and Prevention (CDC). However, recent studies have revealed most people who believe they are allergic to penicillin may be able to safely use it – either because they never were truly allergic or because they lost sensitivity over time. If you think you are allergic to penicillin, see a board-certified allergist for testing.

Here are five more things you should know about penicillin allergy:

1. **A penicillin allergy is serious and can be life-threatening; it kills 400 people a year.**
   Anyone who is allergic to one type of penicillin should be considered allergic to all penicillin and should avoid the entire medication group. This group includes the more than 15 chemically related drugs such as ampicillin, amoxicillin-clavulanate, and methicillin.
   If you are allergic to penicillin, talk with your physician and pharmacist before taking any new medicine you are prescribed to confirm it is not penicillin based. Ask whether you should carry an epinephrine auto-injector, the only treatment proven to stop anaphylaxis, a life-threatening allergic reaction.

2. **Penicillin allergy may not be a lifelong condition.**
   A reaction in childhood does not automatically predict a reaction in adulthood. Studies show only about 20 percent of people allergic to penicillin in childhood will still be allergic 10 years after their initial reaction if they are not exposed to penicillin again during this time.

3. **Symptoms may include hives, swelling of the mouth or throat, difficulty breathing, or dizziness.**
   Hives that suggest true allergy are raised, intensely itchy spots that may appear and change within hours. However, not all skin rashes are hives. Non–allergy related rashes may be flat, blotchy, and spread over days rather than hours. Since it may be difficult to tell the difference between an allergy and non-allergy related rash and you cannot always get to a doctor immediately, take a photograph of the rash to help with the diagnosis.

4. **Avoiding penicillin without an allergy diagnosis is not the best idea.**
   Alternative antibiotics to penicillin, often called 'broad spectrum', may be less effective in treating an infection, may cause unwanted side effects, may result in unnecessary hospital stays, and may be more expensive. Do not limit your treatment options. Find out for sure whether you are allergic.

5. **Testing for penicillin allergy is safe and reliable.**
   The process is simple. First, the patient undergoes a series of skin prick tests using gradually increasing amounts of penicillin. A raised wheal at the site of the prick indicates allergy. If the tests are negative, the next step is an oral challenge which involves drinking a tiny does of liquid penicillin and being observed in an allergist's office. Testing should only be conducted by an allergist trained to recognize and treat potential allergic reactions.

Note: Fewer than 1% of the population is truly allergic to penicillin.