

Progesterone hypersensitivity: A case report

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Problem statement: Progestogen hypersensitivity is a rare condition with fewer than 200 reported cases worldwide. It is often triggered by progesterone surges, such as in assisted fertility or exogenous progestogen use, leading to an immune-mediated reaction and cytokine release that causes hypersensitivity or anaphylaxis. There is no standardized diagnostic method, and treatment focuses on symptom control, ovulation suppression, and desensitization, with a generally good prognosis. A 28-year-old female presented to the ER with chest pain and shortness of breath, experiencing monthly episodes of itching, chills, chest and abdominal pain linked to her menstrual cycle, starting one month postpartum. She had no history of atopy or lifestyle changes but reported recurrent urticaria, dyspnea, and epigastric pain, occurring 2-3 days before menstruation and sometimes resolving 5-7 days later. On examination, she had 89% oxygen saturation, bilateral lung wheezing, and raised, pruritic skin lesions on her chest and extremities. The initial treatment regimen included corticosteroid, antiemetics, antihistamine, and a leukotriene receptor antagonists. In the following month, as expected, the patient presented to the emergency room with the same symptoms. The patient was managed with epinephrine, and the symptoms resolved minutes after and the patient was discharged at ER level. The patient was then referred to an obstetrician-gynecologist as OPD for proper counseling and hormonal control therapy. Progesterone hypersensitivity was confirmed via allergen testing. As secondary prevention, she was given antihistamine and corticosteroid days' prior her expected menstruations and on first onset of symptoms of urticaria.