

Insect Sting Allergy

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More than 500,000 people enter hospital emergency rooms every year suffering from insect stings. At least 40 deaths per year occur as a result of insect sting allergy. Most people are not allergic to insect stings, and everyone should learn to recognize the difference between an allergic reaction and a normal reaction. This will reduce anxiety and prevent unnecessary medical expense.

Insects that sting include yellow jackets, hornets, wasps, honeybees, and bumble bees. People may be allergic to one or all of the stinging insects. The bee's stinger has multiple barbs that usually cause the stinger to detach from the insect, leading to the bee's death. In contrast, the stingers of yellow jackets, hornets, and wasps have few barbs, and these insects can inflict multiple stings.

Stingers are best removed with a scraping action rather than a pulling motion, which may actually squeeze more venom into the skin. Stingers should be removed within one minute of the attack. Studies have shown that the entire contents of domestic bee venom sacs are emptied within two minutes of the time that the stinger is embedded in the skin.

The usual or normal reaction to an insect sting is localized pain, swelling less than two inches in diameter, and redness at the site of the sting. This reaction usually subsides within several hours. Simply wash with soap and water. Little treatment is needed other than pain relievers such as Tylenol or ibuprofen and cold compresses. Unlike insect bites, insect stings always cause pain.

More extensive local reactions are common and are known as large local reactions. Swelling extends from the sting site over a large area, often peaking within 24 to 48 hours and lasting as long as seven to ten days. These reactions are often treated the same as a normal reaction.

Symptoms of insect sting allergy include hives, itching, and swelling in areas other than the sting site. Tightness in the chest and difficulty breathing can occur along with a hoarse voice or swelling of the tongue. These symptoms can be life threatening and usually start within 10 to 20 minutes of being stung. A life-threatening allergic reaction is known as anaphylaxis. People who have experienced an allergic reaction to an insect sting have a 60 percent chance of a similar or worse reaction if stung again.

Epinephrine is the primary medicine for treatment of anaphylaxis and should be prescribed. It is available in preloaded syringes known as epipens and can easily be self-administered. People who have had previous allergic reactions and rely on epinephrine must remember to carry it with them at all times. Antihistamines also help alleviate hives and swelling.

All individuals who have severe symptoms of anaphylaxis and have a positive venom skin test should receive venom immunotherapy. With an overall success rate of over 98 percent, immunotherapy is highly effective in preventing subsequent anaphylaxis in people at risk.