We report an unusual case of immune-mediated unilateral acute pulmonary edema (APE) following streptokinase administration for acute ST segment elevation myocardial infarction. To our knowledge, no report of overt unilateral APE is associated with streptokinase hypersensitivity during myocardial infarction therapy or following it. We stopped the streptokinase infusion because patient’s blood pressure and oxygen saturation dropped as soon as streptokinase was administered. Then patient’s antero-posterior chest X-ray showed that unilateral APE (Figure 1, Unilateral acute pulmonary edema, Antero-Posterior chest X-ray). We did not find any other cause such as pulmonary embolism, heart failure, mitral regurgitation or re-expansion except streptokinase hypersensitivity reaction in our case for unilateral APE. Patient was treated with steroids, antihistaminics plus diuretics and then his clinical status improved. Hypersensitivity reactions to streptokinase are uncommon and usually minor; in the ISIS-2 trial only 4.4% of patients suffered from an allergic reactions to streptokinase.\(^1\) Allergic reactions induced by streptokinase may be manifest as urticaria, bronchospasm, angioneurotic or periorbital edema or unilateral interstitial edema in lungs.\(^2\) Patients with a history of prior exposure to streptokinase, infections with streptococci, and chronic allergic reactions are at risk...
for either by inducing an allergic response or by neutralising the streptokinase and making it ineffective.

Streptokinase is an important component of the treatment strategy for acute ST segment elevation myocardial infarction. However, physicians must be aware that some patients may experience allergic reactions to this drug and develop unilateral APE. Prompt recognition and appropriate management of symptoms usually result in recovery from the allergic event without further lethal complications, as in our case.

REFERENCES