

Letter to the editor

Safety of rush hymenoptera venom immunotherapy

With interest we read the article by Wentzel et al. on the safety of rush immunotherapy (IT) with hymenoptera venom and share the notion that rush IT is a safe and effective treatment modality (1). There are several comments and questions about the results and conclusions.

First, they noted that a 7-day modification would be superior to the standard 5-day rush IT protocol because of the low rate of adverse reactions (AR; 17.9% vs 20–45% in other studies) (1). In this context, studies demonstrating quite different incidences of systemic ARs to rush hymenoptera IT have to be considered (2). In an own study using a 5-day rush protocol, a rate of systemic side effects of 6.9% was found (3).

Secondly, in our study we observed an effect of H₁-antihistamine premedication

on the frequency of ARs to IT: objective ARs occurred in 15% of patients without premedication, and only in 2% of patients pretreated with terfenadine and 0% of patients after prophylaxis with terfenadine plus ranitidine (3). Thus, a significant reduction of ARs after prophylaxis with antihistamines could be demonstrated. The rather high number of 83 of 143 (58%) of patients requiring systemic drug therapy, such as antihistamines and/or corticosteroids in the study of Wentzel et al. (1) is not explained. It would be interesting to know whether this medication was given in response to ARs, or for prevention and how this regimen might have affected the prevalence of ARs in the study.

Finally, it should be noted that the risk of developing AR to IT depends – among

other factors – on the species of stinging insect. Bee-allergic patients have a higher risk of ARs to IT in comparison with patients with wasp allergy (2, 4). Ninety-six per cent of patients with repeated anaphylactic reactions during IT with hymenoptera venoms were bee venom-allergic individuals; this should be considered when interpreting the results of studies on the safety of IT protocols (4).

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