Correspondence

Usefulness of specific skin tests in the diagnosis of hypersensitivity pneumonitis

To the Editor:

In an excellent review article on hypersensitivity pneumonitis (HP) published in the November 2001 issue of the *Journal of Allergy and Clinical Immunology*, Patel et al[1] stated that "[s]kin tests might also demonstrate nonspecific positivity and are not helpful in the diagnosis of HP." To corroborate this affirmation, they cited our paper entitled "Skin tests in bird breeder's disease"[2] (reference 70 in their article).

Patel et al referred to our study in which skin tests were performed in 35 patients with bird-breeder's disease, 27 symptom-free bird-breeders, and a control group of nonexposed individuals. Positivity of specific skin testing (SST) with a bird serum extract was shown in 90% of the patients with bird-breeder's disease and in 15% of the bird-breeders without symptoms. No positive reactions were detected in the nonexposed individuals. The sensitivity of this test was 90%, the specificity 85%, the positive predictive value 85%, and the negative predictive value 89%. Similar results were obtained when an extract of feces was used as the antigenic source for the SST.

In another study by our group,[3] 15 (83%) of 18 patients with farmer's lung showed a positive response in the immediate reading of SST performed with a hay extract. Conversely, a positive reaction was elicited in only 7 (28%) of 25 farmers without symptoms who had recently been in contact with the antigen. Consequently, significant differences ($P < .01$) were found between the groups.

In addition, in the bird-breeder's disease study,[2] only 4 (40%) of 10 patients had a positive immediate reaction to SST performed at least 1 year after the patients had refrained from contact with birds, whereas in 90% of the patients a positive result was obtained before exposure ceased. We recently conducted a follow-up study of the response to SST—initially positive—in 13 of our patients with bird-breeder's disease. After a mean follow-up of 5 years without antigenic exposure (unpublished data), 4 patients (27%) had negative results.

For these reasons, we consider SST to be an easy, rapid, effective, and safe procedure in the diagnosis and follow-up of patients with HP. The sensitivity of this test is similar to that of precipitin detection, but its specificity is greater.

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Combined mediator blockade or topical corticosteroids for seasonal allergic rhinitis

To the Editor:

We read with interest the recent article by Pullerits and colleagues[1] in which they concluded that in patients with seasonal allergic rhinitis (SAR), intranasal corticosteroids were more effective than an antileukotriene/antihistamine combination. In terms of the main outcome of clinical efficacy, this conclusion was based on symptom scores: significantly greater effects on nighttime symptoms were shown with intranasal fluticasone versus montelukast plus loratadine, though the individual symptom breakdown revealed that the difference was significant only for blockage.

The authors have perhaps been somewhat selective in referencing the existing literature on this subject. For example, in 2 other separate studies, the combination of cetirizine and montelukast was as effective as intranasal corticosteroid therapy with either mometasone or budesonide on both nasal symptom scores and domiciliary peak nasal inspiratory flow in patients with SAR.[2,3] In another study of SAR, however, monotherapy with montelukast was less effective than intranasal budesonide for effects on nasal peak inspiratory flow and nasal nitric oxide,[4] suggesting that combined mediator blockade might be necessary to achieve optimal efficacy. This is in keeping with allergen challenge data showing additive effects of antileukotriene and antihistamine therapy on the early- and late-phase allergen response.[5]

It is conceivable that the results of Pullerits and colleagues could be explained by the fact that loratadine is less effective than cetirizine in SAR.[6,7] Consequently, generalizations cannot be made about the relative efficacy of fluticasone in comparison with other combinations of antileukotriene and antihistamine therapy in the treatment of SAR.

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