

Sublingual Swelling due to Sublingual Immunotherapy



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A 35-year-old physician presented with sublingual swelling characterized by a swollen lingual frenulum 30 minutes after sublingual administration of cedar allergen vaccines. He has experienced recurrent severe cedar allergic rhinoconjunctivitis every spring. Three months ago, he started sublingual immunotherapy (SLIT) with cedar glycerinated liquid allergen extracts. He was administered with an extract containing 1.5 to 4.2 µg of Cry j 1 per package as maintenance therapy. Thirty minutes after sublingual administration, he noted that he developed a swollen lingual frenulum (Figure 1). Associated symptoms such as mild pruritus and difficulty speaking clearly were observed; however, his respiratory condition remained stable. Differential diagnoses considered were local symptoms of systemic anaphylaxis or tumoral changes. The patient was observed carefully, and adrenaline, steroid, and antihistamine were prepared. His respiratory condition continued to be stable and no other swelling was observed. The swelling in the lingual frenulum decreased within a few hours without treatment (Figure 2). Because of conversation difficulties associated with sublingual swelling, he was diagnosed with Grade 2 local side effect of SLIT.^{1,2}

The side effects of SLIT are mostly limited to local areas and are not regarded as severe if they occur.³ Although images of sublingual swelling in pediatric patients administered with dust mite and grass SLIT have been reported,⁴ there are only a few images of adult patients administered with cedar pollen SLIT. One of the reasons is that SLIT is primarily administered outside the clinical setting, and the accuracy of the reporting of adverse effects is dependent on patient recall. Because the patient is a physician, detailed progress was confirmed in this case.

The patient continued therapy with SLIT, and his cedar allergic rhinoconjunctivitis improved dramatically.

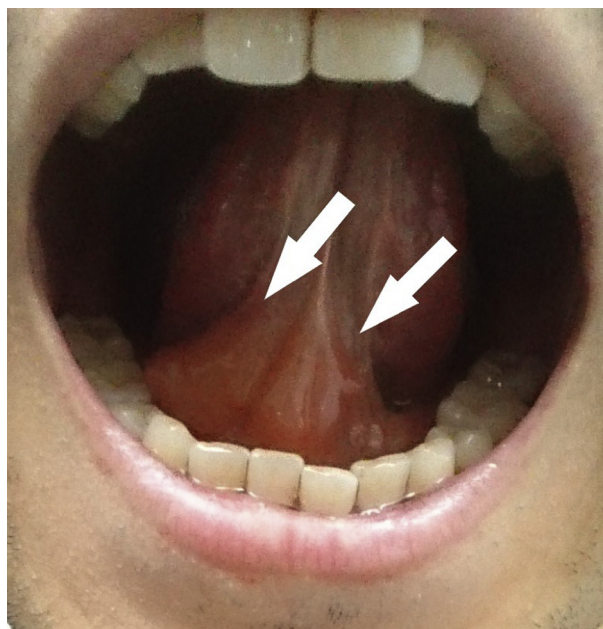


FIGURE 1. Close view of the swollen lingual frenulum during the maintenance phase of cedar pollen sublingual immunotherapy.



FIGURE 2. Close view of the lingual frenulum after edema improvement.

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