

A SPECIAL SERIES ON DRUG ALLERGIES

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What a good idea to invite European specialists on drug allergy to give new insights on one of the most difficult fields of allergy. Drug hypersensitivity is the modern term used to cover any suspicion of drug allergy (1). These reactions affect a low percentage of hospitalised patients and can be life threatening (2). A variety of reaction types have been described, including non-immunological reactions and immunological reactions (real drug allergies). Recently, a new classification of drug allergy has been proposed [3] due to new insights in the patho-physiology (4) and to the necessity for revision of the old Gell and Coombs classification (5). Some reactions such as urticaria and maculo-papular eruptions could not be related to the drug itself, but to the underlying (e.g. infectious) disease (6). Clinically, drug allergy is extremely heterogeneous and a careful examination is required in order to detect specific signs, a differential diagnosis and alert signs (7). However precise the clinical examination, it rarely produces a firm diagnosis (7). Indeed, even with the help of pharmacovigilance algorithms, clinical history is rarely accurate enough for the diagnosis of drug hypersensitivity reactions and cannot replace drug allergy testing (8).

Therefore, a complete drug allergy work up is required, which includes a detailed clinical history and physical examination, followed by one or more of the following procedures:

skin tests, laboratory tests and, in selected cases, drug provocation tests. The diagnostic work up varies widely, even among centres dedicated to the study of drug hypersensitivity (9). The establishment of networks to standardise clinical diagnostic methods allows not only the standardisation but also the validation of such procedures [10]. This is the aim of the European Network of Drug Allergy (ENDA) which works under the aegis of the European Academy of Allergology and Clinical Immunology (<http://www.eaaci.net/>). The group was developed under the chairmanship of Professor de Weck (Fribourg, Switzerland) with the aim to improve the diagnosis, prevention and treatment of the different forms of drug hypersensitivity. This group has been particularly successful in standardising the diagnosis of β -lactam allergy (11).

Our attention is now focused on biological tests (12). Indeed, it would be highly desirable to have discriminating biological tests available in order to establish the nature of the culprit agent, especially when the patient is receiving several drugs simultaneously. Although these tests are few and are rarely validated, new data are promising (13) and could really help physicians.

From bench side to clinical practice, the reader of this series will, without any doubt, enjoy and improve his knowledge on drug allergy. Many thanks to the European Annals...

and we hope that this will provide enjoyable reading.

References

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