

To the Editor:

Dr Baur is indeed correct in pointing out that IgE-mediated sensitization occurs in diisocyanate workers; as is widely acknowledged, such sensitization is only detected in about a quarter of patients with asthma from this cause. On this basis of our findings, we concluded that the disease might be IgE-independent in a proportion of patients. We further hypothesized that there may be 2 separate forms, one associated with IgE and the other not. We did not imply that diisocyanate asthma is a non-IgE-mediated disease in those patients with detectable specific IgE.

Meinir Jones, PhD^a

Alison Floyd, BSc^a

Kayhan T. Nouri-Aria, FRCPath^b

Mikila R. Jacobson, PhD^b

Stephen R. Durham, MD^b

Anthony Newman Taylor, FRCP^a

Paul Cullinan, MD^a

From ^athe Department of Occupational and Environmental Medicine, National Heart and Lung Institute, Imperial College, London, United Kingdom, and ^bthe Department of Allergy and Clinical Immunology, National Heart and Lung Institute, Imperial College, South Kensington, United Kingdom. E-mail: meinir.jones@ic.ac.uk.

Disclosure of potential conflict of interest: The authors have declared that they have no conflict of interest.

REFERENCES

1. Baur X. Evidence for allergic reactions in isocyanate asthma. *J Allergy Clin Immunol* 2007;■■■:■■■-■■■.
2. Jones MG, Floyd A, Nouri-Aria KT, Jacobson MR, Durham SR, Newman Taylor A, et al. Is occupational asthma to diisocyanates a non-IgE-mediated disease? *J Allergy Clin Immunol* 2006;117:663-9.
3. Maestrelli P, Occari P, Turato G, Papiris SA, Di Stefano A, Mapp CE, et al. Expression of interleukin (IL)-4 and IL-5 proteins in asthma induced by toluene diisocyanate (TDI). *Clin Exp Allergy* 1997;27:1292-8.

doi:10.1016/j.jaci.2006.10.038