

CORRESPONDENCE

Include desensitization to radiocontrast media in the diagnostic algorithm of radio contrast media hypersensitivity

In the newly published article: "Medical algorithm: Diagnosis and treatment of radiocontrast media hypersensitivity," K. Brockow¹ suggested an algorithm for the evaluation of hypersensitivity to radiocontrast media (RCM). However, one important aspect has been left out of the suggested algorithm, the opportunity to desensitize patients with probable or confirmed immediate hypersensitivity reactions to radiocontrast media, especially those reacting to more than one substance. Desensitization to allergens is a standard preventative measure of anaphylaxis when patients have a history of severe immediate hypersensitivity reactions to a drug, and there are no therapeutic alternatives. Drug desensitization is defined as the induction of a temporary state of clinical unresponsiveness/tolerance to a compound responsible for a drug hypersensitivity reaction.² Possible adverse effects of desensitization are breakthrough allergic reactions, anaphylaxis, and rare immunologic responses such as serum sickness, nephritis, and thrombocytopenia. Informed consent should always be obtained from the patient prior to the procedure. It is contraindicated in patients with history of severe delayed hypersensitivity reactions. The protocols for RCM desensitization for patients with immediate reactions are known

from case reports^{3,4} and need more work and research before standardized protocols can be recommended, but a 12-step intravenous protocol starting with a 1/10 000th of the full dose, with a doubling of the doses every 15 minutes has been tested safely for several substance groups⁵ and is probable also suitable for RCM. Desensitization can facilitate the use of radiocontrast media in important situations such as the need for acute coronary angiograms. Such situations are rare, but an algorithm should include information and pathways to facilitate the best treatment possible for all patients. Ideally, an allergologic workup prior to re-exposure to RCM would be preferred, but this is not always available in an emergency setting. Suggested change in the algorithm is to include the option "rapid desensitization" for patients with a history of severe immediate reactions in the pathway "RCM urgently needed without test possibility," and in the pathway for "patients with confirmed RCM hypersensitivity with immediate hypersensitivity reactions to all available RCM for situations with indispensable need for RCM" (Figure 1). This would help to facilitate the best point of care for more patients with hypersensitivity to RCM.

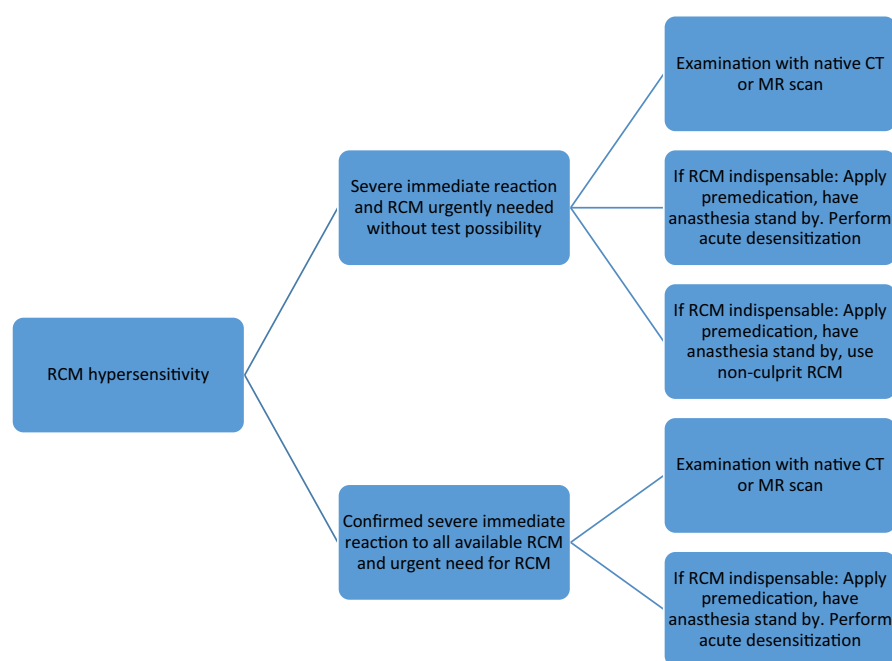


FIGURE 1 Suggested adaptation to the algorithm suggested by K. Brockow (<https://doi.org/10.1111/all.14147>). A severe immediate reaction to all available RCM is considered the case after an allergologic workup including skin prick testing, and/or intradermal testing, and/or specific drug provocation test for the RCM available

CONFLICT OF INTEREST

Dr Alnæs has nothing to disclose.

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