

Letter to the editor

Local nasal immunotherapy

We read with interest Bjorksten's editorial (4) and agree with the author the need for more studies showing clinical efficacy and clear indication of local immunotherapy and the lack of long-term follow-up studies about the persistence of clinical effect after stopping treatment. We do not agree about the tolerability of local nasal immunotherapy (LNIT). In fact, poor tolerability with definite clinical efficacy was reported only with high dosages of aqueous extracts (12, 15) whilst low doses of the same extract were well tolerated but not clinically effective (7).

Studies using modified extracts (6, 8, 10) or, more recently, allergen in powder form (1–3, 9) have shown adequate reduction in rhinitis symptoms with no serious side effects. In fact, no significant differences were observed between placebo- and active-treated patients as regards upper respiratory symptoms during the treatment. A better tolerability in LNIT was also obtained by means of premedication with cromoglycate before administering the extract (1–3, 9, 14). This drug reduces the local discomfort in our experience without interfering with clinical results, the dose employed being negligible as therapeutic measure. Moreover, the lack of asthmatic attacks or systemic side effects during the treatment with LNIT is noteworthy, in contrast to oral immunotherapy, whose administration was, even if exceptionally, complicated by systemic reactions (5, 13). The use of subcutaneous immunotherapy is now justified only in severe allergic rhinitis, because of the low cost-benefit ratio due to systemic reactions reported during this treatment. In this way we are not taking advantage of the prophylactic role of this treatment, suggested in the recent EAACI position paper (11).

In our experience, LNIT in powder form is effective and safe and should be considered as a suitable treatment in allergic rhinitis due to its low cost-benefit ratio. However, further studies in this field are needed to confirm our results.

References

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