

Letter to the editor

Predicting side-effects in venom immunotherapy by basophil activation?

With great interest, we read the publication by Kosnik et al. (1), entitled: 'high sensitivity of basophils predicts side-effects in venom immunotherapy'. In this study, basophil surface expression of activation marker CD63 induced by different concentrations of honeybee and wasp venom (0.1 and 1 µg/ml) was measured by flow cytometry in 34 patients with history of systemic anaphylactic reactions to Hymenoptera stinging just before rush honeybee or wasp venom immunotherapy. Side-effects occurred in all patients (8/12) with 0.1/1 ratios over 92%, while in patients with no side-effects the median 0.1/1 ratio was 25% (range: 2–92). These concentration-dependent activation ratios were significantly different between these groups.

According to these results, we re-evaluated our own data of basophil activation with CD63 in 57 patients with hymenop-

tera allergy (2), calculated the basophil 0.1/1 sensitivity ratio and controlled for side-effects during the first week of immunotherapy. Fourteen of these patients had systemic side-effects, 43 not. Mean ratio in patients with side-effects was 81.4% (range: 7–118), in patients without side-effects 75.4% (range: 21–123). We found no significant difference. In our hands, we cannot suggest that basophil sensitivity to allergen-specific *in vitro* stimulation is associated with major side-effects of immunotherapy. It can be speculated that slight differences in methods (Kosnik et al. used the basophil activation test 'BD FastImmune' from BD Biosciences with allergens from HAL ALLERGIE while we used the 'BASOTEST' from Orpegen Pharma with allergens from ALK.) may account for these contradictory results.

In concordance with the results by Kosnik, we and others (2–4) did not observe a correlation between clinical severity of the stinging reaction and basophil CD63 responses. Furthermore, we are in agreement that in complex cases with inconclusive results of history, specific IgE antibodies and skin test response, CD63 activation tests are particularly useful (5, 6).

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