



Correspondence

Graded challenge protocol for fluconazole hypersensitivity in a patient with cryptococcal pneumonitis

To the Editor: One of us¹ recently reported a successful 2-day desensitization protocol for fluconazole hypersensitivity in a human immunodeficiency virus (HIV)-infected patient with cryptococcal meningitis. We describe a modified (and more rapid) protocol for graded challenge in a non-HIV-infected patient with cryptococcal pneumonitis.

Our patient is a 39-year-old, healthy woman who initially presented with fever, nonproductive cough, and a right upper lobe infiltrate. Bronchoscopy was initially suggestive of blastomycosis, although the final diagnosis was eventually modified to cryptococcal pneumonitis. During initial therapy with itraconazole, the patient developed generalized urticaria and pruritus; use of itraconazole was discontinued, and amphotericin was administered. Eight years earlier the patient experienced mild urticaria during a course of terbinafine followed by a tolerated course of fluconazole. Given the potential toxic effects of amphotericin, fluconazole was preferable, and our allergy/immunology service was consulted for desensitization.

The patient provided informed consent for the graded challenge protocol. Skin testing with fluconazole was not performed because of the unknown positive and negative predictive values. A 2-mg/mL solution of fluconazole was prepared, as described by Jariwala et al, and administered orally every 3 hours in the following sequential doses: 200 μ g, 2 mg, 4 mg, 8 mg, 16 mg, 30 mg, 60 mg, and 120 mg followed by a 200-mg (0.1 mL) tablet. Three hundred milligrams by tablet was then given in 12 hours, and 24 hours later the target dose of 400 mg was administered. Four hundred milligrams of fluconazole was then given every 24 hours, with a planned course of 6 months.

The patient was treated 30 minutes before and during desensitization with diphenhydramine, 25 mg every 6 hours, and famotidine, 20 mg every 12 hours. The patient was discharged from the hospital taking cetirizine and diphenhydramine, with plans for withdrawal in 2 weeks.

The patient tolerated the graded challenge procedure, although after the third daily dose at home she experienced a pruritic, fine, nonurticarial rash that responded to a temporary increase in diphenhydramine. The patient has since been rash free, although she continues to take cetirizine, 10 mg twice daily, and diphenhydramine, 25 mg nightly, and has mild pruritus during and after taking a shower. The patient has been able to continue treatment with fluconazole and clinically appears to be improving.

In summary, we describe an interesting case of a patient who is currently able to tolerate fluconazole without serious adverse events, despite previous hypersensitivity.

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Reference

- [1] Jariwala S, Vernon N, de Vos G. A novel method of desensitization for fluconazole hypersensitivity in a patient with AIDS. *Ann Allergy Asthma Immunol*. 2011;106:542–543.

Disclosures: Authors have nothing to disclose.