Correspondence

Reply

To the Editor:

We acknowledge the very valuable comments by Caviglia et al.[1] In our study, we recorded all types of antihypertensive drugs that were taken at the time of a systemic sting reaction.[2] However, the number of patients taking angiotensin-II receptor blockers (ARBs) was too small to allow a separate analysis of specific, ARB-associated risks. Patients on that specific medication were included in the group of patients taking any antihypertensive medication. For that general type of medication, we could not identify a relevant risk for severe allergic reactions after a field sting. This finding does not necessarily indicate that ARBs are without risk. Currently there are no data that would support or exclude a potential harmful role of ARBs in patients with anaphylaxis. Considering the individual drug pharmacology, however, there are good reasons to assume that ARBs are associated with a lower anaphylactic risk than angiotensin-converting enzyme (ACE)" inhibitors.

In that context, we would like to emphasize that cardiovascular diseases, irrespective of their association with Hymenoptera venom allergy, require a continuous optimal pharmacologic therapy. Patients with both diseases are more likely to die from cardiovascular events than from insect sting anaphylaxis. ACE inhibitors, however, appear to increase the risk for severe allergic reactions only in untreated patients in the field sting situation. A corresponding systematic risk does not exist during venom immunotherapy.[3] Only in highly selected patients, ACE inhibitors may possibly contribute to the onset of systemic allergic reactions during venom immunotherapy.[4] Nevertheless, replacement of ACE inhibitors may be indicated in all patients who are not protected by venom immunotherapy either because they are not willing to undergo that therapy or because efficacy of that therapy has not yet been proven by a tolerated sting. Furthermore, we do not know how ACE inhibitors affect the reaction to stings in patients on venom immunotherapy. On the basis of the currently available evidence, ACE inhibitors cannot be regarded safe for patients with venom allergy.

Franziska Ruëff, MD[a]
M. Beatrice Bilo, MD[b]
Ulrich Müller, MD[c]
Bernhard Przybilla, MD[a]

From [a]AllergieZentrum, Klinik und Poliklinik für Dermatologie und Allergologie, Ludwig-Maximilians-Universität, Munich, Germany; [b]the Allergy Unit, Department of Internal Medicine, Allergy, Immunology and Respiratory Diseases, Ospedali Riuniti di Ancona, Azienda Ospedaliero-Universitaria, Ancona, Italy; and [c]Allergiestation Medizinische Klinik, Zieglerspital, Bern, Switzerland. E-mail: Franziska.Rueff@med.uni-muenchen.de.

Disclosure of potential conflict of interest: F. Ruëff has been paid for lectures at Hindustan Antibiotics Limited and ALK, has received research support from Hindustan Antibiotics Limited and Pierre Fabre, and has received financial support for data evaluation from Phadia. M. B. Bilo has lectured for Stallergenes. U. Müller has declared that he has no conflict of interest. B. Przybilla has received honoraria from ALK-Abelló, Stallergenes, and Novartis; has received research support from IVDK; and is treasurer of the Germany Society for Allergology and Clinical Immunology.

REFERENCES

1. Caviglia AC, Passalacqua G, Senna G. Risk of severe anaphylaxis for patients with Hymenoptera venom allergy: are angiotensin-receptor blockers comparable to ACE inhibitors? J Allergy Clin Immunol ■■■■;■■■:■■■-■■■.
2. Ruëff F, Przybilla B, Biló MB, Müller U, Scheipl F, Aberer W, et al. Predictors of severe systemic anaphylactic reactions in patients with Hymenoptera venom allergy: Importance of baseline serum tryptase–a study of the European Academy of Allergology and Clinical Immunology Interest Group on Insect Venom Hypersensitivity. J Allergy Clin Immunol 2009;124:1047-54.
3. White KM, England RW. Safety of angiotensin-converting enzyme inhibitors while receiving venom immunotherapy. Ann Allergy Asthma Immunol 2008;101:426-30.
4. Tunon-de-Lara JM, Villanueva P, Marcos M, Taytard A. ACE inhibitors and anaphylactoid reactions during venom immunotherapy. Lancet 1992;340:908.

doi:10.1016/j.jaci.2010.01.046