

Correspondence

Usefulness of specific skin tests in the diagnosis of hypersensitivity pneumonitis

To the Editor:

In an excellent review article on hypersensitivity pneumonitis (HP) published in the November 2001 issue of the *Journal of Allergy and Clinical Immunology*, Patel et al¹ stated that "[s]kin tests might also demonstrate nonspecific positivity and are not helpful in the diagnosis of HP." To corroborate this affirmation, they cited our paper entitled "Skin tests in bird breeder's disease"² (reference 70 in their article).

Patel et al referred to our study in which skin tests were performed in 35 patients with bird-breeder's disease, 27 symptom-free bird-breeders, and a control group of nonexposed individuals. Positivity of specific skin testing (SST) with a bird serum extract was shown in 90% of the patients with bird-breeder's disease and in 15% of the bird-breeders without symptoms. No positive reactions were detected in the nonexposed individuals. The sensitivity of this test was 90%, the specificity 85%, the positive predictive value 85%, and the negative predictive value 89%. Similar results were obtained when an extract of feces was used as the antigenic source for the SST.

In another study by our group,³ 15 (83%) of 18 patients with farmer's lung showed a positive response in the immediate reading of SST performed with a hay extract. Conversely, a positive reaction was elicited in only 7 (28%) of 25 farmers without symptoms who had recently been in contact with the antigen. Consequently, significant differences ($P < .01$) were found between the groups.

In addition, in the bird-breeder's disease study,² only 4 (40%) of 10 patients had a positive immediate reaction to SST performed at least 1 year after the patients had refrained from contact with birds, whereas in 90% of the patients a positive result was obtained before exposure ceased. We recently conducted a follow-up study of the response to SST—initially positive—in 13 of our patients with bird-breeder's disease. After a mean follow-up of 5 years without antigenic exposure (unpublished data), 4 patients (27%) had negative results.

For these reasons, we consider SST to be an easy, rapid, effective, and safe procedure in the diagnosis and follow-up of patients with HP. The sensitivity of this test is similar to that of precipitin detection, but its specificity is greater.

Ferran Morell, MD, PhD

Alex Roger, MD

Maria-Jesus Cruz, MD

Servei de Pneumologia i Unitat d'Investigació en Pneumologia

Hospital Universitari Vall d'Hebron

Barcelona

Spain

REFERENCES

1. Patel AM, Ryu JH, Reed ChE. Hypersensitivity pneumonitis: current concepts and future questions. *J Allergy Clin Immunol* 2001;108:661-70.
2. Morell F, Curull V, Orriols R, De Gracia J. Skin tests in bird breeder's disease. *Thorax* 1986;41:538-41.
3. Morell F, Orriols R, Molina C. Usefulness of skin test in farmer's lung. *Chest* 1985;87:202-5.

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Combined mediator blockade or topical corticosteroids for seasonal allergic rhinitis

To the Editor:

We read with interest the recent article by Pullerits and colleagues¹ in which they concluded that in patients with seasonal

allergic rhinitis (SAR), intranasal corticosteroids were more effective than an antileukotriene/antihistamine combination. In terms of the main outcome of clinical efficacy, this conclusion was based on symptom scores: significantly greater effects on nighttime symptoms were shown with intranasal fluticasone versus montelukast plus loratadine, though the individual symptom breakdown revealed that the difference was significant only for blockage.

The authors have perhaps been somewhat selective in referencing the existing literature on this subject. For example, in 2 other separate studies, the combination of cetirizine and montelukast was as effective as intranasal corticosteroid therapy with either mometasone or budesonide on both nasal symptom scores and domiciliary peak nasal inspiratory flow in patients with SAR.^{2,3} In another study of SAR, however, monotherapy with montelukast was less effective than intranasal budesonide for effects on nasal peak inspiratory flow and nasal nitric oxide,⁴ suggesting that combined mediator blockade might be necessary to achieve optimal efficacy. This is in keeping with allergen challenge data showing additive effects of antileukotriene and antihistamine therapy on the early- and late-phase allergen response.⁵

It is conceivable that the results of Pullerits and colleagues could be explained by the fact that loratadine is less effective than cetirizine in SAR.^{6,7} Consequently, generalizations cannot be made about the relative efficacy of fluticasone in comparison with other combinations of antileukotriene and antihistamine therapy in the treatment of SAR.

Brian J. Lipworth, FRCP

Daniel K. C. Lee, MRCP

Graeme P. Currie, MRCP

Robert D. Gray, MRCP

Asthma and Allergy Research Group

Ninewells University Hospital

Dundee, DD1 9SY

Scotland, United Kingdom

REFERENCES

1. Pullerits T, Praks L, Ristioja V, Lotvall J. Comparison of a nasal glucocorticoid, antileukotriene, and a combination of antileukotriene and antihistamine in the treatment of seasonal allergic rhinitis. *J Allergy Clin Immunol* 2002;109:949-55.
2. Wilson AM, Orr LC, Sims EJ, Lipworth BJ. Effects of monotherapy with intranasal corticosteroid or combined oral histamine and leukotriene receptor antagonists in seasonal allergic rhinitis. *Clin Exp Allergy* 2001;31:61-8.
3. Wilson AM, Sims EJ, Orr LC, Coutie WJ, White PS, Gardiner Q, et al. Effects of topical corticosteroid and combined mediator blockade on domiciliary and laboratory measurements of nasal function in seasonal allergic rhinitis. *Ann Allergy Asthma Immunol* 2001;87:344-9.
4. Wilson AM, Dempsey OJ, Sims EJ, Lipworth BJ. A comparison of topical budesonide and oral montelukast in seasonal allergic rhinitis and asthma. *Clin Exp Allergy* 2001;31:616-24.
5. Roquet A, Dahlen B, Kumlin M, Ihre E, Anstren G, Binks S, et al. Combined antagonism of leukotrienes and histamine produces predominant inhibition of allergen-induced early and late phase airway obstruction in asthmatics. *Am J Respir Crit Care Med* 1997;155:1856-63.
6. Meltzer EO, Weiler JM, Widlitz MD. Comparative outdoor study of the efficacy, onset and duration of action, and safety of cetirizine, loratadine, and placebo for seasonal allergic rhinitis. *J Allergy Clin Immunol* 1996;97:617-26.
7. Day JH, Briscoe M, Widlitz MD. Cetirizine, loratadine, or placebo in subjects with seasonal allergic rhinitis: effects after controlled ragweed pollen challenge in an environmental exposure unit. *J Allergy Clin Immunol* 1998;101:638-45.

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Reply

To the Editor:

We appreciate the interest of Lipworth and colleagues¹ in our article reporting data on the comparison of an intranasal corticosteroid with a combination of an antileukotriene and an antihistamine in the treatment of seasonal allergic rhinitis.² On the basis of their own 2 published studies,^{3,4} Lipworth and colleagues speculate that our observations might be explained by the choice of antihistamine, which in our case was loratadine. Our choice of this drug was based on data from a large, multicenter study demonstrating that the combination of loratadine and montelukast resulted in additional reduction in allergic rhinitis symptoms in comparison with either drug alone.⁵

The authors of the correspondence are certainly aware that no data have yet shown that montelukast has additive effects when combined with cetirizine in patients with allergic rhinitis.⁶ Furthermore, previous studies have already demonstrated that glucocorticoids are more effective than monotherapy with either cetirizine⁷ and montelukast⁸ for control of allergic rhinitis symptoms. To us it therefore seems unreasonable to compare any local glucocorticoid with the combination of cetirizine and montelukast, without first proving that combining these drugs is better than either drug alone.

Teet Pullerits, MD, PhD

Jan Lötvall, MD, PhD

Lung Pharmacology Group

Department of Respiratory Medicine and Allergology

Göteborg University

Gothenburg

Sweden

REFERENCES

1. Lipworth BJ, Lee DKC, Currie GP, Gray RD. Combined mediator blockade or topical corticosteroids for seasonal allergic rhinitis. *J Allergy Clin Immunol* 2002;110:nnn-nnn.
2. Pullerits T, Praks L, Ristioja V, Lötvall J. Comparison of a nasal glucocorticoid, antileukotriene, and a combination of antileukotriene and antihistamine in the treatment of seasonal allergic rhinitis. *J Allergy Clin Immunol* 2002;109:949-55.
3. Wilson AM, Orr LC, Sims EJ, Lipworth BJ. Effects of monotherapy with intra-nasal corticosteroid or combined oral histamine and leukotriene receptor antagonists in seasonal allergic rhinitis. *Clin Exp Allergy* 2001;31:61-8.
4. Wilson AM, Sims EJ, Orr LC, Coutie WJ, White PS, Gardiner Q, et al. Effects of topical corticosteroid and combined mediator blockade on domiciliary and laboratory measurements of nasal function in seasonal allergic rhinitis. *Ann Allergy Asthma Immunol* 2001;87:344-9.
5. Meltzer EO, Malmstrom K, Lu S, Prenner BM, Wei LX, Weinstein SF, et al. Concomitant montelukast and loratadine as treatment for seasonal allergic rhinitis: a randomized, placebo-controlled clinical trial. *J Allergy Clin Immunol* 2000;105:917-22.
6. Wilson A, Dempsey OJ, Sims EJ, Coutie WJ, Paterson MC, Lipworth BJ. Evaluation of treatment response in patients with seasonal allergic rhinitis using domiciliary nasal peak inspiratory flow. *Clin Exp Allergy* 2000;30:833-8.
7. Vervloet D, Charpin D, Desfourgeres JL. Intranasal fluticasone once daily compared with once-daily cetirizine in the treatment of seasonal allergic rhinitis. *Clin Drug Invest* 1997;13:291-8.
8. Wilson AM, Dempsey OJ, Sims EJ, Lipworth BJ. A comparison of topical budesonide and oral montelukast in seasonal allergic rhinitis and asthma. *Clin Exp Allergy* 2001;31:616-24.

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