

Reply



To the Editor:

We greatly appreciate the correspondence by Calogiuri et al¹ regarding our Clinical Communication.² We agree with the authors that the integrity of the skin barrier is an important factor in preventing anaphylaxis induced by topical chlorhexidine administration due to limited permeability when applied to intact skin.^{3,4} We appreciate their citing other cases that highlight our observation that exposure on damaged skin can lead to anaphylaxis in sensitized patients. Although we did not have evidence of previous reactions in our patients with topical exposure, we acknowledge that even subclinical thinness of the stratum corneum by repeated friction may facilitate absorption, leading to anaphylaxis even after topical chlorhexidine exposure alone.^{2,4} Furthermore, in our first case, oral rinsing with chlorhexidine may have also been the sensitizing incident.² We value the important discussion generated by Calogiuri et al's reply,¹ highlighting that chlorhexidine is increasingly reported as a trigger for perioperative anaphylaxis, possibly paralleling its more common presence in consumer products and the hospital environment. Allergists need to be aware that the risk of anaphylaxis may be most acute if the skin barrier integrity is compromised or if there is direct vascular exposure. Therefore, we concur that individuals

with any previous reactions to chlorhexidine warrant allergy screening.

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