

IS THE ALLERGIST REALLY LONELY?

To the editor,

Borghesan and Plebani's paper on allergy diagnostics in Italy (1) deals with a highly relevant issue, but we believe the key question of the role of the allergist and clinical laboratorist in Italy is different from that stated by the two authors. Since serum specific IgE can be measured within most hospital settings, allergists and clinical lab work together to ensure an accurate diagnosis. However, we feel that in Italy the problems don't stem from the so-called "loneliness of the allergist with his patient", but rather from the "loneliness of the clinical laboratorist with a serum vial". The allergen test request-sheet is routinely completed by general practitioners or specialists other than allergists, who are usually insufficiently acquainted with the pathogenetic role of allergens in suspected allergic diseases and sometimes even prone to fulfil patients' requests. The emphasis put by the authors on the reliability of the laboratory methods as a result of an improvement of both specificity and sensitivity and quality control overlooks the most important point, that is the appropriateness of the requests. Of all the healthcare players involved, there is little if no doubt that the allergist is in the best professional position to ask for the most appropriate serological tests after a careful analysis of case history, skin test results, and environmental risk factors has been carried out. Indeed, no significant differences in specificity and sensitivity between skin and serum diagnostic techniques have ever been documented (2); moreover the detection of specific IgE in serum does not discriminate between asymptomatic sensitisation and true allergy (3). The promising new diagnostic methods based on the use of recombinant allergen (i.e. profilin-specific IgE, IgE to CCD, etc) seem to have a limited role in the vast majority of the patients, who actually suffer from sensitisation to several allergens (e.g. to mite and pollens, or to grass and pellitory pollens). Up to now the classic allergological approach is probably still more effective (and much cheaper!) than the most sophisticated diagnostic methods.

The main need of allergists in Italy (and not only in Italy) (4) is not a strengthened bond with the clinical laboratorist, but the urgent recognition of an established identity for the specialty with a defined profile of professional skills in order to realize the best

approach to the patient.

In our opinion, specialist's expertise is essential for patient's management, both to evaluate the evidences of allergic sensitization (skin and serological testing) and to assess all the possible consequences of the allergic disease through a thorough knowledge of respiratory function tests, rhinoscopy, nasal cytology, nitric oxide measurement techniques, *in vivo* challenge tests etc. All these data should be evaluated in the light of each patient's allergological scenario in order to make an accurate diagnosis and provide the best patient-tailored therapy.

In conclusion, confusion between the means and the scopes of allergy diagnosis should be thoroughly avoided.

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References:

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ANSWER

To dr. Antonicelli and dr. Bonifazi

We really appreciate the fact you have catch the provocation of our paper "Allergy diagnosis and allergist loneliness", published last June in the journal "Allerg Immunol (Paris) 2007".

The allergology lies among many other specialties (pneumology, ENT, dermatology, reumatology, ect)

but, opposite to these specialties, rarely it is practised in well organized Departments, as those where the Colleagues from Ancona work. Allergologists usually work in single offices, without facilities that may help in diagnosis, as well as spirometry or rhinoscopy instruments, and their "loneliness" is a matter of fact.

Our paper, beside the provocative contents, stresses the need for a closer collaboration between the clinical allergologist and the laboratory, to emphasize the importance of the "in vitro" test, comparing it with the skin test. As a matter of fact, while body of evidence has been collected to demonstrate the improvement in clinical specificity and sensitivity of "second and third-generation immunoassays", many physicians still rely on a traditional view of specific IgE measurement based on a qualitative (the class score) or semi-quantitative information. We absolutely agree that the requests of a "in vitro" test should be appropriate and should always include some information on the patients history, that normally are missing: many requests in fact are generic (IgE determination for pollen, or for inhalant allergens) and very often made by non specialized doctors. On the other hand, the numerous allergic patients are often treated by generic doctors, who mostly utilize for diagnosis the IgE dosage, more easily to obtain, due to long waiting lists for the skin tests. Therefore expert clinical allergologists and laboratorians should jointly improve the knowledge of general practitioners in specific IgE request, interpretation and utilization.

You affirm that there are no significant differences in specificity and sensitivity between skin and serum diagnostic tests. However, the better sensitivity of the "in vitro" test was already demonstrated in the past

(1); moreover the quantitative results allows a better data management (predictive values, monitoring ecc.) (2). Finally the quality control and assurance are performed in clinical laboratories on a regular basis, while for in vivo tests they are actually performed in a few specialized departments.

In additions the diagnosis through recombinant allergens has already achieved a role in hypersensitive patients in identifying IgE against cross-reactive allergens (3), and in predicting a possible immunotherapy success (4).

We agree, instead, that the allergic patient needs to be treated by the allergologist, utilizing all the possible diagnostic tools, with the aim to provide the best patient-tailored therapy.

In conclusion our paper may give a contribution in term of better diagnostic approaches in allergology and may also represent a good subject of discussion. Kindest regards, Franco Borghesan and Mario Plebani.

Références

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