

Anaphylaxis to disodium cromoglycate

The safety of cromolyn sodium (disodium cromoglycate) as an anti-allergy medication is attested to by the rarity of reports of adverse reactions, such as the present report.¹ The report involves an 8-year-old boy who developed a reaction to the drug in whom IgE-mediated allergy to cromolyn sodium was carefully documented by immediate skin test reactivity and conjunctival and bronchial challenge tests. The durability of this IgE response was documented by repeat positive bronchial challenge test 3 years after the clinical reaction and first round of allergy testing. The authors of the report are to be congratulated for their diligence and scholarly intent of this valuable contribution to the allergy literature.

The presumed reason for the safety of cromolyn sodium is that only hydrogen bonds can be formed between drug and host cells or tissue, rendering it a weak hapten.^{2,3} Nonetheless, in suitably disposed rare patients with IgE molecules specifically directed to suitably modified cromolyn sodium molecules, allergic reactions can take place.⁴⁻⁸ The lack of the leukocyte histamine release test to confirm the clinical allergy to cromolyn sodium in the patient reported here does not detract from their observation *in vivo*. That suitable attention should be given to unusual and rare reactions, such as the

one reported herein, is emphasized by the report of fatal anaphylaxis after therapeutic use of cromolyn sodium.⁹

The message in reporting these well-documented cases of allergy to ordinarily safe drugs is to emphasize that any drug, no matter its chemical structure and safety record, can under suitable circumstances in sensitized individuals produce systemic, life-threatening allergic reactions. It is essential that patient and physician keep an open mind to untoward reactions with any therapeutic agent and not dismiss out of hand apparently nonspecific symptoms. All of these considerations with a drug that rarely causes allergy take on additional importance with therapeutic use of drugs, such as antibiotics, that regularly produce allergy in IgE-sensitized individuals. Allergists ought to be the first to suggest allergy in patients with unusual reactions to medications including allergy medications.

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