
Letters to the editor

IMMUNOTHERAPY FOR ALLERGY TO FIRE ANT VENOM

To the Editor:

In a recent excellent review of imported fire ant hypersensitivity Dr. Stafford discusses duration of immunotherapy and cites an abstract concerning patients studied here at Wilford Hall Medical Center.¹ He cites 17 patients and gives a reference to an abstract in the *Journal of Allergy & Clinical Immunology*. In fact, we did follow 17 patients after stopping their immunotherapy and reported on these patients sequentially. After stopping immunotherapy for 3 months we gave them sting challenges.² We reported on them again at approximately 18 months after stopping immunotherapy, when 15 patients were still available for follow-up and sting challenges.³ Finally, we reported them again at about 5 years after stopping immunotherapy when 9 patients were available for follow-up and sting challenges.⁴

The reference Dr. Stafford cited was the second abstract. The data that Dr. Stafford provided were from the first and second abstracts. In addition, only one of the 17 patients had received maintenance immunotherapy for less than 2 years. The other 16 had received immunotherapy for more than 2 years; the mean duration of immunotherapy for all 17 patients was 7.7 years. Our current clinical practice is not to stop maintenance immunotherapy at two years, but to re-evaluate them and consider stopping treatment at 3 to 5 years.

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Response:

I appreciate Dr. Freeman's comments and clarification of the results of the clinical studies performed by his group on long-term efficacy after discontinuation of imported fire ant immunotherapy.

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HAIR CONDITIONER CAUSES ANGIOEDEMA

To the Editor:

This letter supplements a case reported originally as an abstract.¹ Cosmetic products have been reported to cause various types of allergic reactions,² mostly contact dermatitis.^{3,4} True cases of immediate hypersensitivity are uncommon; often perfume or additives are implicated.⁵ We report a case of anaphylaxis to a commercial hair conditioner manufactured by a major consumer product company in which the product itself was the culprit.

A 30-year-old woman with known dermatographism and solar urticaria presented with scalp and eyelid angioedema, urticaria, and throat tightness occurring minutes after applying a hair conditioner. Diphenhydramine and methylprednisolone were administered with some relief. The next day angioedema of the palate and larynx were seen with a rhinoscope. Improvement followed administration of epinephrine and prednisone. A complete blood count and serum complement were normal. The diagnosis was idiopathic angioedema until a similar episode occurred months later with the same product. Prick skin testing with appropriate controls was done with materials provided by the manufacturer. Product and scent-free product diluted up to 1:1000 elicited positive reactions. The scent was nonreactive. Skin testing reagents were then made for the individual ingredients. Prick skin testing up

to ten times the concentration found in the product was negative. On the advice of the company we mimicked the manufacturing process by diluting samples to the levels found in the product and heated to 80 °C. Prick skin testing to the ingredients, individually and combined, was negative.

Although we were unable to identify the ingredient responsible, it appears that the product produces mast cell degranulation in this patient. The negative skin testing to the individual components may reflect some interaction between ingredients in solution which we were unable to duplicate in the laboratory. It is possible that some other episodes of angioedema the patient experienced were due to unidentified exposure to agents in this product. She has had no further anaphylactic episodes but uses a limited number of cosmetics that have proven safe for her in the past.

Although a definitive IgE-mediated reaction was not proven, the presentation and skin test reaction are more suggestive of an immune mediated and amplified reaction than an anaphylactoid reaction which is non-immune in character. We conclude that anaphylactic reactions to cosmetic products may occur even when perfumes are excluded from the preparation. Prick skin testing is a useful and safe diagnostic test for such allergic reactions.

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