

Correspondence

Sublingual immunotherapy with venom for patients with *Hymenoptera* venom allergy

To the Editor:

We would like to join the debate between Ruëff et al¹ and Passalacqua et al² regarding the role of specific sublingual immunotherapy for the treatment of *Hymenoptera* venom allergy.

Both authors omitted citation of our article³ on this topic, which we would like to summarize:

- We studied 21 patients with wasp venom allergy with a history of systemic reactions to stings: 3 had a previous grade I reaction, 11 a grade II reaction, 3 a grade III reaction, and 4 a grade IV reaction.
- All patients were treated with a sublingual *Vespula* venom extract until a maintenance dose of 100,000 standardized quality units (USQ) venom extract weekly was reached.
- No significant immunologic modifications were observed during the treatment.
- Four patients were restung, and just 1 of them experienced throat constriction, with no other symptoms.
- During the induction phase, 2 patients had mild reactions such as dysphagia and itching; no adverse reactions were reported during the maintenance phase.

On the basis of these data, we underline the following points:

1. Our patients had all experienced systemic reactions, and those with large local reactions had been excluded from the study.
2. The treatment was well tolerated with a very low incidence of mild adverse effects.
3. The patients who were field-stung did not have any systemic reactions.

These preliminary data let us think that sublingual immunotherapy should also be considered for the treatment of *Hymenoptera* venom allergy. We stress that the “strong disagreement” of Ruëff

et al¹ about the use of sublingual immunotherapy (SLIT) in the treatment of *Hymenoptera* venom allergy is not fully justified. In fact, other authors have found interesting preliminary results regarding SLIT in the treatment of large local reactions in patients with bee venom allergy.⁴ However, larger multicentric studies are needed to investigate the safety and efficacy of SLIT in patients with *Hymenoptera* venom allergy.

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