

Correspondence

Blood return on aspiration before immunotherapy injection

To the Editor:

Waibel¹ reported that over a 4-year period during which 36,000 allergy injections were administered and during which time the policy was to aspirate the syringe to check for blood before the administration of the injection, the nurses in his allergy service did not see a single instance in which blood was aspirated. Based on this observation, his clinic has stopped the policy of aspirating before administering injections.

We wish to report that during a 30-year period of allergy practice, the lead author personally experienced one instance of a clear-cut and dramatic return of blood into the syringe during aspiration before the administration of an allergy injection. This occurred despite a policy of always lifting the skin fold to maximize the likelihood of subcutaneous placement of the injection. The great majority of injections in our 3-allergist practice are administered by our nurses, and on one additional occasion, an office nurse also reported the aspiration of blood before an allergy injection.

Having also witnessed near-fatal reactions to immunotherapy, we believe that the effort/benefit ratio strongly favors continuing a policy of aspirating and pausing for a moment before injecting the patient with substances to which he or she is known to be allergic. The 4-year period of observation by Waibel¹ might simply have been insufficient to observe such rare occurrences.

Jeffrey D. Miller, MD

Jonathan B. Bell, MD

Richard J. Lee, MD

Fran Tarvin, RN

From Allergy & Asthma Associates, PC, Danbury, Conn. E-mail: JeffreyMillerMD@comcast.net.

Disclosure of potential conflict of interest: The authors have declared that they have no conflict of interest.

REFERENCE

1. Waibel KH. Aspiration before immunotherapy injection is not required. *J Allergy Clin Immunol* 2006;118:525-6.

doi:10.1016/j.jaci.2006.09.015