

Polyethylene glycols are used as solvent and excipient in topical or systemic drugs, as active principle of drugs, in electrodes gels, insect repulsives, cosmetic and hygiene products, cutting fluids, glue and epoxy hardeners (plasticizers; 1). There are many PEGs derivatives, such as cetomacrogol, lauromacrogol, nonoxynol.

One case of anaphylaxis to macrogol after an intra-articular injection of corticoid has been reported (2). We found rare reports of bronchospasm, anaphylaxis, urticaria or angioedema after ingestion of PEGs solutions for preparation before colonoscopy but no allergological exploration was made (3).

This observation underlined that allergy to excipients even if it is a rare event should be considered, a fortiori if there are multiple allergic reactions. To our knowledge, it is the first case of anaphylactic shock to macrogol after oral intake and contact urticaria to topical drugs containing macrogols in the same patient.

*Dermatology Unit
St-Eloi Hospital
80 avenue Augustin Fliche
34295 Montpellier cedex 5
France
Tel: +33 467 336956
Fax: +33 467 336958
E-mail: hcominh@yahoo.fr

Accepted for publication 1 October 2006
Allergy 2007; 62:92–93
© 2007 The Authors
Journal compilation © 2007 Blackwell
Munksgaard
DOI: 10.1111/j.1398-9995.2006.01265.x

References

1. Rietschel RL, Fowler JF Jr. *Fisher's contact dermatitis*. Philadelphia: Lippincott Williams and Wilkins, 2001:235.
2. Dewachter P, Mouton-Faivre C. Anaphylaxis to macrogol 4000 after a parenteral corticoid injection. *Allergy* 2005;**60**:705–706.
3. Stollman N, Manten HD. Angioedema from oral polyethylene glycol electrolyte lavage solution. *Gastrointest Endosc* 1996;**44**:209–210.

Sulfonamide allergy without cross-reactivity to celecoxib

J. Figueroa*, N. Ortega, L. Almeida, C. Blanco, R. Castillo

Key words: celecoxib; cross-reaction; cross-sensitization; drug allergy; sulfonamides.

Cross-sensitization between sulfonamides and celecoxib has been discussed in the last years (1–4), although a real cross-reactivity between them has not been demonstrated.

We report here five patients with sulfamethoxazole allergy confirmed by single-blind placebo-controlled oral challenge (SBPCOC) who tolerated oral challenge tests with celecoxib. We recruited patients that had been diagnosed of sulfonamide allergy confirmed by a positive oral provocation test in the last 4 years. Five patients were included in the study after obtaining written informed consent. The mean age of the sulfonamide allergy group of patients was 32 ± 12.21 years (mean $\pm$ SD), with a predominance of females (4 : 1), and all of them had a history of sulfamethoxazole allergy confirmed by SBPCOC as shown in Table 1. We performed SBPCOC with celecoxib reaching a cumulative dose of 200 mg obtaining a negative result in all patients.

Celecoxib is usually avoided in patients who have demonstrated allergic reactions to sulfonamides although there is a controversy about possible cross-reactions between sulfonamides and celecoxib. In fact few cases of clinically relevant possible cross-sensitization between these

Table 1. Clinical characteristics of sulfonamide allergy patients

Patient number	Age (years)	Sex	Clinical symptoms in sulfamethoxazole oral challenge
1	17	Female	Urticaria
2	45	Female	Urticaria
3	25	Male	Anaphylaxis
4	44	Female	Urticaria
5	29	Female	Angioedema

two drugs have been reported in literature.

Celecoxib is a sulfonamide-containing drug without an aromatic amine and without a substituted ring at the N1-position, so it is chemically distinct from the arylamine sulfonamide antimicrobials, and these differences are responsible of the lower potential for causing hypersensitivity reactions of celecoxib (2, 3). A meta-analysis of 14 double-blind studies showed that celecoxib, nonsulfonamide-containing nonsteroidal anti-inflammatory drugs and placebo have comparable potentials for cross-reactivity with sulfonamide-containing drugs (4).

In this study, no cross-sensitization between celecoxib and sulfamethoxazole was found. Although further investigations are necessary, scientific data at the moment show no evidence to avoid using celecoxib in patients with a known sulfonamide allergy, at least until possible cross-reaction could be confirmed by an oral challenge with the cyclo-oxygenase-2 inhibitor agent.

*Hospital Universitario Insular de Gran Canaria
Allergy Section
Avda Marítima del Sur s/n none Las Palmas de Gran Canaria 35016
Tel: +34 928 441416
Fax: +34 928 441869
E-mail: jafiri@hotmail.com

Accepted for publication 10 October 2006
Allergy 2007; 62:93
© 2007 The Authors
Journal compilation © 2007 Blackwell
Munksgaard
DOI: 10.1111/j.1398-9995.2006.01270.x

References

1. Schuster C, Wüthrich B. Anaphylactic drug reaction to celecoxib and sulfamethoxazole: cross reactivity or coincidence? *Allergy* 2003;**58**:1072.
2. Knowels S, Sahapiro L, Shear NH. Should celecoxib be contraindicated in patients who are allergic to sulfonamides? *Drug Saf* 2001;**24**:239–247.
3. Clemett D, Goa KL. Celecoxib: a review of its use in osteoarthritis, rheumatoid arthritis an acute pain. *Drugs* 2000;**59**:957–980.
4. Patterson R, Bello AE, Lefkowitz J. Immunologic tolerability profile of celecoxib. *Clin Ther* 1999;**21**:2065–2079.