

Inhalational challenge reactions to isocyanates

To the Editor:

In the introduction of the interesting article entitled "Sensitivity and specificity of PC₂₀ and peak expiratory flow rate in cedar asthma," by Côté et al. (*J ALLERGY CLIN IMMUNOL* 1990;85:592-8), it is mentioned that "... one death has been reported during a specific challenge test with isocyanates," and our article is quoted as reference 2. Because the title of our paper is "Fatal asthma in a subject sensitized to TDI," to avoid misunderstandings, I would like to point out that the death on inhalation challenge was reported in our introduction as personal communication by Dr. Pauli and did not occur in our laboratory. The asthma death described in our article occurred in a sensitized worker at the workplace.

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Possible reactions to soya lecithin in aerosols

To the Editor:

I wish to report an adverse reaction to a pharmaceutical agent commonly used in the treatment of bronchitis and asthma. The circumstances lead me to suspect that the reaction may be common in a subset of allergy patients.

C. B. is a 40-year-old woman with long-standing asthma. She is clearly an allergic individual, although her asthma has many intrinsic components. Nine months previously, her symptoms worsened. She became highly allergic to *soybean* and also developed laryngospasm in addition to wheezing on exposure to strong odors, notably perfumes.

The patient had used a variety of metered-dose inhalers without difficulty in the past. Recently, she was prescribed an "Atrovent Inhalation Aerosol" (ipratropium-bromide) and used it while she was still in my office. Within several minutes, she developed increased wheezing, laryngospasm, and a "tingling" sensation throughout her body. It required several injections of epinephrine during a 15-minute period to control the episode, which was one of the most severe that she had ever experienced.

Subsequent examination of the detailed information supplied by the manufacturer, Boehringer Ingelheim, revealed that one of the "inert ingredients" to be soya lecithin. The package information mentioned "cough exacerbation of symptoms and irritation from aerosol, each about three in 100." There is at least one report in the literature of a sudden episode of bronchospasm induced by the metered-dose inhaler of this product.¹

The same manufacturer recently introduced the same soya lecithin product in its "Alupent" metered-dose inhaler at four times the concentration found in "Atrovent Inhalation Aerosol" and then had to remove the product because of a high incidence of cough reaction. I wonder if this cough could have represented allergic reactions to the soya lecithin suspending agent? Its greater incidence with "Alupent" aerosol might be related to the greater likelihood that "Alupent" metered-dose inhaler would be used in allergic patients than the "Atrovent" inhalation aerosol, which is often used in patients with idiopathic chronic asthmatic bronchitis.

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REFERENCE

1. Connolly C. Adverse reaction to ipratropium bromide. *Br Med J* 1982;285:934-5.