

Correspondence

Reply

To the Editor:

We thank Matheu et al¹ for their comments on our recent study on the role of penicillin in benign skin rashes in childhood.² They raise the question of the terminology used to describe a drug provocation test (DPT), more specifically the use of the term *rechallenge* in the title of our study.

As stated in the position paper from the European Academy of Allergy and Clinical Immunology interest group on drug hypersensitivity,³ a DPT is the controlled administration of a drug to diagnose drug hypersensitivity. As discussed in this article,³ DPTs are variously termed *challenge*, *re-exposure*, *drug challenge*, *graded* or *incremental challenge*, *test dosing*, and *rechallenge*. Rechallenge means that precisely the same drug in the same formulation and at the same dose is given to the patients again for as long as it is reasonable to reproduce the adverse effect. The aim is to see whether the same reaction is reproduced under controlled conditions. This distinguishes rechallenge from re-exposure, which is an accidental event in which at least 1 of the above rechallenge criteria are in doubt. The term rechallenge has been used in many studies and review articles.⁴⁻⁶ According to the US Food and Drug Administration,⁷ challenge-dechallenge-rechallenge is a medical testing protocol in which the drug is administered, withdrawn, and then readministered while being monitored for adverse effects at each stage. The US Food and Drug Administration lists positive dechallenge reactions (an adverse event that disappears on withdrawal of the medication) and negative dechallenge reactions (an adverse event that continues after withdrawal), as well as positive rechallenge reactions (symptoms reoccurring on readministration) and negative rechallenge reactions (failure of a symptom to reoccur after readministration). In this context the term challenge is more general

and refers to the initial exposure to the drug that has caused side effects. Of note, the term rechallenge is not used for a second retesting in the review article published by Romano et al.⁸

Matheu et al's correspondence¹ highlights the confusion caused by the lack of consensus for the terminology used in the allergy field, and we welcome this plea for a more consistent nomenclature.

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