
Letter to the editor

POSSIBLE MECHANISM OF PARACETAMOL ANAPHYLAXIS

To the Editor:

I agree with Vidal et al that "Paracetamol anaphylaxis is uncommon."¹ In 25 years of allergy practice, averaging 500 new patients/year, I have only seen 1 case. A 29-year-old man complained of chronic urticaria that was idiopathic. He had a history of paracetamol sensitivity but could take aspirin and other non-steroidal anti-inflammatory drugs without any symptoms. On oral challenge with 250 mg paracetamol he developed hypotension and urticaria within minutes that was resistant to chlorpheniramine by mouth and epinephrine 0.3 cc subcutaneously. He improved after IV fluids a few hours later.

More recently, a case of paracetamol-induced urticaria was reported by Ownby² without adverse reactions to non-steroidal antiinflammatory drugs.

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REFERENCES

1. Vidal C, Perez-Carral C, Gonzalez-Quintela A. Paracetamol (acetaminophen) hypersensitivity. *Ann Allergy Asthma Immunol* 1997;79:320–321.
2. Ownby DR. Acetaminophen-induced urticaria and tolerance of ibuprofen in an eight-year-old child. *J Allergy Clin Immunol* 1997;99:151–152.

Response:

We thank Dr. Spitz for his comments regarding our paper.¹ The patient we reported, the one of Dr Ownby's report² and Dr Spitz's patient probably represent examples of immunologically or non-immunologically mediated mechanism of hypersensitivity or intolerance. This is probably different from the cyclooxygenase inhibition proposed for NSAIDs intolerance. The absence of well-standardized extracts for skin tests together with the lack of serum-specific IgE determinants for in

vitro assays, make the diagnosis difficult. We agree with Ownby² that an important question is whether patients with adverse reactions to acetaminophen can safely take other NSAIDs. We propose oral provocation tests with aspirin or other NSAIDs in patients with this type of reaction when they had not taken NSAIDs after having paracetamol intolerance. We feel this is helpful to clarify this question. We think that this is the only way to avoid unnecessary prohibition for the use of NSAIDs in such patients.

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1. Vidal C, Pérez-Carral C, González-Quintela A. Paracetamol (acetaminophen) hypersensitivity. *Ann Allergy Asthma Immunol* 1997;79:320–321.
2. Ownby DR. Acetaminophen-induced urticaria and tolerance of ibuprofen in an eight-year-old child. *J Allergy Clin Immunol* 1997;99:151–152.