

## Correspondence

### Factitious anaphylaxis and prevarication anaphylaxis

To the Editor:

The updated practice parameter on the diagnosis and management of anaphylaxis by Lieberman et al<sup>1</sup> provides an excellent and most comprehensive review on this subject.

Several cases of factitious anaphylaxis were described by Patterson et al.<sup>2-4</sup> They included self-induced laryngeal stridor,<sup>2</sup> nut-induced anaphylaxis,<sup>3</sup> and aspirin-induced anaphylaxis presenting as factitious *Hymenoptera* allergic emergency<sup>4</sup> as variants of Munchausen's syndrome.

Patterson et al<sup>5</sup> also summarized the characteristics of 4 patients with prevarication anaphylaxis, without detailed histories or challenge studies.

A case report of Munchausen's syndrome presenting as prevarication anaphylaxis was described on a woman in her mid-20s with a past history of psychiatric illnesses, multiple recent emergency department visits and hospital admissions for alleged anaphylaxis in various cities across Canada, absence of abnormal physical and laboratory findings, and a clinical defect questioned by an attending psychiatrist to have been manufactured by the patient.<sup>6</sup> Single-blind placebo-controlled oral challenge for an alleged sensitivity to tartrazine resulted in "anaphylaxis" with laryngeal involvement only with placebo.

Both factitious anaphylaxis and prevarication anaphylaxis, or Munchausen's anaphylaxis, should be included in the types of anaphylaxis and the differential diagnosis of anaphylaxis and anaphylactoid reactions.

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#### REFERENCES

1. Lieberman P, Kemp SF, Oppenheimer J, Lang DM, Bernstein IL, Nicklas RA, et al. The diagnosis and management of anaphylaxis: an updated practice parameter. *J Allergy Clin Immunol* 2005;115:S483-523.
2. Patterson R, Schatz M, Horton M. Munchausen's stridor: non-organic laryngeal obstruction. *Clin Allergy* 1974;4:309-10.
3. Patterson R, Schatz M. Factitious allergic emergencies: anaphylaxis and laryngeal "edema." *J Allergy Clin Immunol* 1975;56:152-9.
4. Hendrix S, Sale S, Zeiss CR, Utley J, Patterson R. Factitious *Hymenoptera* allergic emergency: a report of a new variant of Munchausen's syndrome. *J Allergy Clin Immunol* 1981;67:8-13.
5. Patterson R, Dykewicz MS, Grammer LC, Greenberger PA, Lawrence ID, Walker CL, et al. Classification of immediate-type life-threatening allergic or pseudoallergic reactions. *Chest* 1990;98:257-9.
6. Wong HCG. Munchausen's syndrome presenting as prevarication anaphylaxis. *Can J Allergy Clin Immunol* 1999;4:299-300.

Available online June 30, 2005.  
doi:10.1016/j.jaci.2005.04.040

### Reply

To the Editor:

Dr Wong's comments regarding factitious anaphylaxis and prevarication anaphylaxis<sup>1</sup> are well taken and should

be considered in the differential diagnosis of anaphylaxis. I have included this entity in a more comprehensive review of the differential diagnosis<sup>2</sup> as described so well by Dr Wong. I thank him for his comments.

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#### REFERENCES

1. Wong HCG. Factitious anaphylaxis and prevarication anaphylaxis. *J Allergy Clin Immunol* 2005;116:710.
2. Lieberman P. Anaphylaxis and anaphylactoid reactions. In: Adkinson NF Jr, Yunginger JW, Busse WW, Bochner BS, Holgate ST, Simons FER, editors. *Middleton's allergy: principles and practice*. 6th ed. Vol II. St Louis: Mosby-Year Book, Inc; 2003. p. 1497-522.

Available online June 30, 2005.  
doi:10.1016/j.jaci.2005.04.041

### Gene expression profiles in childhood asthma: Differentiating between stable and acute asthma

To the Editor:

We read with interest the article by Guajardo et al<sup>1</sup> reporting on an altered gene expression profiles in nasal respiratory epithelium of children with either stable or acute asthma compared with healthy controls. To see whether clusters of genes could be recognized in the different groups, a group sample consisting of RNA from all the individual samples of each group was formed and determined by microarray. In addition to this cluster analysis, 4 individual samples from each group were analyzed by microarray. Data were confirmed by RT-PCR. Several genes are reported to be upregulated and downregulated in children with stable or acute asthma compared with healthy controls.

Reading and discussing the study raised a few important questions. First, despite elaborate description of the data analysis of the second (individual) set of microarrays, it is not clear to us why the authors analyzed the second set of microarrays in this complicated way. Analysis of the pooled samples showed that clustering genes that were at least 3-fold upregulated or downregulated in the analysis of the microarrays of the different groups gave distinct clusters. Because the individual samples were also used to see whether distinct profiles could be distinguished, would it not be more logical to analyze the individual samples in the same way the pooled samples were analyzed? In our opinion, if the aim of the study is to distinguish distinct gene expression profiles in both individual and pooled samples, the clear and straightforward analysis of the pooled samples should also be performed in the individual samples to make the data more robust and reliable.