

Correspondence

Modified ragweed extract

To the Editor:

It was most interesting to read the article by Metzger et al. entitled "Clinical and immunologic evaluation of glutaraldehyde-modified, tyrosine-adsorbed short ragweed extract: a double-blind, placebo-controlled trial" (*J ALLERGY CLIN IMMUNOL* 68:442, 1981).

Over the past 4 yr, I have been using a similar glutaraldehyde-modified, tyrosine-adsorbed ragweed extract (Pollinex-R) marketed by Beecham Laboratories. Studies using this specific product have reported efficacy and safety.^{1, 2} My personal experience with this product has also been positive, but a recent episode of anaphylaxis in a patient is of concern and should be known to physicians contemplating the use of this product. After discussions with Beecham Laboratories, I believe that this is the only reported case of a life-threatening reaction associated with this product. I shall briefly report this case in the succeeding paragraph.

Case report. M. J. is a 32-year-old black woman with a history of allergic rhinitis and obstructive airway disease occurring during the months of April through October for many years. Despite medication she had persistent symptoms and wished to be started on immunotherapy. In 1979 she was started on aqueous extracts on a weekly program. Recurrent local reactions and on one occasion a mild systemic reaction did not allow for continuation of immunotherapy. However, subsequent severe allergic symptoms again unresponsive to medication persuaded me to place her on glutaraldehyde-modified, tyrosine-adsorbed grass and ragweed (Pollinex-G and Pollinex-R) immunotherapy in April 1981. She received three injections of Pollinex-G without any problems. In June she started Pollinex-R and developed a large local reaction, with some mild sneezing after the first injection. Prior to the second weekly injection she was given 8 mg of chlorpheniramine and had only a mild local reaction. She had a similar reaction after the third injection. There was an interval of 12 days between injections three and four. Within 30 sec of injection four, the patient developed generalized pruritus, angioedema and urticaria associated with dizziness, loss of consciousness, hypotension, and severe bronchospasm. There was a large urticarial reaction at the site of injection. Resuscitative measures were instituted immediately, with administration of saline, epinephrine, and intravenous antihistamines. She responded rapidly and stabilized within 2 hr. There were no sequelae to this episode and the patient has been well since.

In summary, this patient, with a strong atopic history and previous difficulty with immunotherapy, suffered a true anaphylactic reaction to Pollinex-R. There have been no such reports in the literature and this information should be available. I have administered over 300 courses of Pollinex-R

over the past 4 yr without any other systemic reactions and only a few episodes of severe local reactivity. I would agree with the assessment by Metzger et al. that this is a safe efficacious treatment, but the possibility of anaphylaxis cannot be disregarded despite the theoretical safety of the product.

Peter Small, M.D.

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REFERENCES

1. Mischler TW et al: A multiclinic trial with glutaraldehyde-modified tyrosine-adsorbed ragweed pollen immunotherapy (Pollinex-R) *Curr Ther Res* 29:5, 1981.
2. Cockcroft DW, Cuff MT, Tarlo SM: Allergen injection therapy with glutaraldehyde-modified-ragweed pollen-tyrosine adsorbate. *J ALLERGY CLIN IMMUNOL* 60:56, 1977.

Reply

To the Editor:

We thank Dr. Small for this report of anaphylaxis after an injection of glutaraldehyde-adsorbed ragweed extract (GTR), which highlights the potential risks of all allergen injection therapy. As we reported, two of our patients did have late-onset systemic reactions consisting of urticaria. We certainly agree that the unlikely possibility of sudden severe reactions in certain highly sensitive and reactive individuals should not be forgotten; Dr. Small's extensive experience with this form of immunotherapy also attests to the otherwise relative rarity of such reactions. The case presented by Dr. Small demonstrates several features that may have forewarned of the patient's adverse response: (1) the patient had not tolerated aqueous therapy well and it was discontinued; (2) she experienced a mild systemic reaction with her first injection of GTR, suggesting exquisite sensitivity; the subsequent use of antihistamine may have disguised increasing intolerance; (3) it is not clear, but a concurrent seasonal component could have been an additional factor. Therefore one should not assume that any patient who has been unable to tolerate aqueous extract can be transferred to modified extract without potential difficulty, although modified extract may often be useful for this situation.

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