

Correspondence

Reply

To the Editor:

First, we thank the group of Tedeschi et al¹ from Milan for their interest in our work.² We agree with many of their statements and also that the autologous serum skin test (ASST) is not equal to an *in vitro* assay detecting basophil degranulation. The majority of degranulating factors might be detected by ASST, but others might be better detected by *in vitro* tests such as the basophil activation test (BAT), a fact that might explain the lack of correlation between BAT and ASST results. Of note, in our study, the concordance of BAT and ASST in the lower range of basophil activation (from 7.7% to 20% activated basophils) was found in 10 of the 28 patients and not out of the 38 patients as stated in the comment of Tedeschi et al.¹

We interpret the guidelines' recommendation³ to use ASST to define a subgroup of patients with chronic urticaria (CU) exhibiting an autoreactive serum activity. This patient subgroup consistently showed "a more prolonged disease course and may be less responsive to H1-antihistamine treatment than those with a negative ASST."⁴ Therefore, a positive test result can be relevant for the therapeutic management of the patient. Because of the critical issues and limitations of ASST that we have already mentioned in our article, a reliable *in vitro* alternative would be of great interest for all allergologists and dermatologists consulting patients with CU.

As stated in our article,² there might be different elicitors of mast cell degranulation in CU. Our understanding of the autoreactive serum factors in CU is still very limited and relies on small monocentric studies. It is quite clear that the degranulation-inducing mechanism can be analyzed only by solid *in vitro* assays and not by a controversial *in vivo* test such as ASST. We are aware and stated so that basophils are not equal to mast cells. It is possible though burdensome to try to use mast cells as an *in vitro* read out system, as done by the group of Asero et al⁵ with mast cells from breast skin excised for cosmetic reasons. Our experience

with one of the available mast cell lines (RBL703/21) was, however, rather disappointing.² Consequently, we tried to make BAT a more robust test: our article illustrates the crucial role of an optimal donor characterization in this assay. We are convinced that the use of this test procedure will not only help in the dissection of different CU forms but also might contribute to solve the many open questions on CU pathogenesis—a most likely quite heterogeneous disease. We hope that this better understanding will ultimately lead to more personalized care for this large and most probably not uniform group of patients.

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This study was funded through institutional funds.

Disclosure of potential conflict of interest: The authors declare that they have no relevant conflicts of interest.

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doi:10.1016/j.jaci.2012.04.031