

Correspondence

Retesting in children with β -lactam allergy

To the Editor:

We read the interesting article by Caubet et al¹ that was recently published in the *Journal*. In that article the authors claimed that the main goal was to investigate viral infections in children treated with β -lactams who were seen in the emergency department with an urticarial or maculopapular skin rash persisting for more than 24 hours. After the microbiologic study of specimens, the authors performed a second examination with a conventional approach to allergy studies according to the European Network for Drug Allergy/European Academy of Allergy and Clinical Immunology guidelines for the study of subjects with a suspicion of nonimmediate reaction to β -lactams.² In that allergy study the authors performed, among other tests, skin prick and intradermal testing before an open oral challenge test with the culprit drug. After determining tolerance to the drug, there was no doubt about doing a retest in these children because the reaction had occurred recently. The European Network for Drug Allergy recommends retesting between 2 and 4 weeks after the first study when reactions have occurred some time ago. Retests consist of a skin prick test, an intradermal test, and a new oral challenge test, the so-called rechallenge.³

In the article the authors claim in the title that the study was based on drug rechallenge.¹ Because the authors did not perform any second challenges, the term *rechallenge* has been misused and probably will be misunderstood by some readers. The authors probably considered the first exposure to the β -lactam antibiotic

during viral infection as a challenge. However, it should not be considered so. Treatment of an infection should not actually be considered a provocation.

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REFERENCES

1. Caubet JC, Kaiser L, Lemaitre B, Fellay B, Gervais A, Eigenmann PA. The role of penicillin in benign skin rashes in childhood: a prospective study based on drug rechallenge. *J Allergy Clin Immunol* 2011;127:218-22.
2. Romano A, Blanca M, Torres MJ, Bircher A, Aberer W, Brockow K, et al. Diagnosis of nonimmediate reactions to beta-lactam antibiotics. *Allergy* 2004;59:1153-60.
3. Matheu V, Perez-Rodriguez E, Sanchez-Machin I, Garcia-Robaina JC, de la Torre Morin F. Importance of repeat testing in the diagnosis of penicillin allergy. *Br J Dermatol* 2006;154:198.

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