

Authors' affiliations:

M. Stoenescu,
Alergologie, Spital CFR-2, Bvd. Marasti 63,
RO-71331 Bucuresti, Romania

Allowing different meanings for the same concept – a type of error defined as *idola fori* by Francis Bacon – is widespread in allergologic papers published in English, French, German, Portuguese, and – unavoidably – Romanian. In an attempt to meet “the challenge” posed by Lilja & Wickman (1), I have reread the whole of volume 53 of *Allergy*. Such terms as “atopy”, “allergy” and “hypersensitivity” are – explicitly or implicitly – defined in different ways (the italicizations are mine and the underlinings as well).

Atopy appears as: *a)* exclusively defined by clinical manifestations (Coca & Cooke quoted by Lilja & Wickman [1]), by Peltó et al. (2), and by Hill (quoted by Castro et al. (3); *b)* heterogeneously defined tests (skin and laboratory tests): by Pepys (quoted by Lilja & Wickman [1]), by de Waard-van der Spek et al. (4) (“serologic test”, *without mentioning which specific test*), by Räsänen et al. (5) (*more skin tests having the same value as a specific IgE and/or total IgE: “[...] positive skin test reactions or elevated total or specific IgE [...]”*), by Nystad et al. (6) (*at least one skin prick test*); *c)* defined by associating clinical history/manifestation with one or several skin and/or laboratory tests: by Castro et al. (3) (“[...] clinical symptoms and prick tests in agreement with the clinical history [...]”), by Pastorello et al. (7) (“[...] clinical history of rhinitis and asthma – *without atopic dermatitis* – and skin prick tests to aeroallergens [...]”), by Röcken (quoted by Lilja & Wickman [1]) (“[...] phenotypic characterization of atopy requires both clinical symptoms of atopic disease [...] and at least two positive in *vivo/in vitro* parameters of atopy (increased serum levels of total IgE; positive RAST to more than one environmental protein allergen; positive skin tests to more than one environmental protein allergen”); *d)* definition of a “variable geometry-type”: by Nilsson et al. (8), who initially provide a *b*-type of definition, only to adopt, further on, a *c*-type of definition.

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Allergy. I have never found an explicit definition of allergy; it is mentioned only as food or drug allergy. Wal (9), and de Waard van der Spek et al. (4) agree that allergy is “[...] a hypersensitivity reaction in which the immune system is implicated [...]”. But IgE-mediated reactions are also called “truly allergic” (Horton et al. [10]) and “allergy, strictly speaking” (Wal [9]); nevertheless, Wal (9) agrees to the idea that allergy should be identified as “[...] clinical (delayed or late) reactions”. de Waard van der Spek et al. (4) consider that the diagnosis of food allergy needs “[...] symptomatology oriented history [...] and [...] supplementary investigations, among others, of specific IgE, total IgE and skin tests [...]”, later on adding “[...] lymphocyte response [...] (*without mentioning which response*)” to the above-mentioned investigations. On the other hand, Pastorello et al. (7) find that “[...] allergy to NSAID seems to be related to a shift to leukotriene production due to inhibition of cyclooxygenase pathway”.

Hypersensitivity is even more succinctly mentioned: *a*) as “immune reaction” (as a general term or as “type I immunopathology”) by Horton et al. (10), Pelto et al. (2), and Wal (9); *b*) as “adverse clinical reactions (immunologic or nonimmunologic) to an allergen/antigen” by Lilja & Wickman (1), Ehlers et al. (11) and de Waard van der Spek et al. (4).

One can notice an abundance of “synonyms” used in the same paper: “atopy, allergic syndrome, allergic diathesis,

complex disease associated with atopy” (12), “atopy, TH2-driven hypersensitivity, allergic disorder” (13), etc. I cannot help wondering about the scientific accuracy of the following terms: “atopic inhalation diathesis” (14), “immuno-, allerge-toxicology” (15), “allergic symptoms” (16), and “allergy-like symptoms” (17). I can hardly believe that anticholinergic and wetting agents are really “anti-allergic drugs” (18); I also think that “allergic asthma and allergic rhinitis” would be more accurate than “allergic rhinitis and asthma”, a widespread equivocal syntagma.

Feeding the logical truth-generating machinery with data made ambiguous by arbitrary semantic disjunctures runs the risk of crowding the field of allergology with much confusion. It would take Occam’s razor to reduce the number of vaguely defined terms, and this purpose might be fulfilled by an EAACI/IAACI Congress/Convention, aiming at defining immunologic/allergologic terminology. Since it was possible to reach a consensus as far as asthma/rhinitis is concerned, it must be quite feasible to reach a similar consensus in terminology.

Until such a consensus is reached – if ever – it would be useful if authors could define – from the very beginning – the terms they are going to use throughout the respective paper; this would only be in keeping with Humpty Dumpty’s statement: “When I use a word ... it means just what I choose it to mean – neither more nor less” (Lewis Carroll, *Through the Looking-Glass* [Chapter 6]).

References

- Lilja G, Wickman M. Allergy – atopy – hypersensitivity – a matter of definition. *Allergy* 1998;53:1011–1012.
- Pelto L, Salminen S, Lilius E-M, Nuutila J, Isolauri E. Milk hypersensitivity – key to poorly defined gastrointestinal symptoms in adults. *Allergy* 1998;53:307–310.
- Castro J, Telleria JJ, Blanco-Quiros A, Linares P, Andion R. Lack of association between atopy and RsaI polymorphism within intron 2 of the Fc ϵ RI- β gene in a Spanish population sample. *Allergy* 1998;53:1083–1086.
- de Waard-van der Spek FB, Elst EF, Mulder PGH, Munte K, Devillers ACA, Oranje AP. Diagnostic tests in children with atopic dermatitis and food allergy. *Allergy* 1998;53:1087–1091.
- Räsänen M, Laitinen T, Kaprio J, Koskenvuo M, Laitinen LA. Hay fever – a Finnish nationwide study of adolescent twins and their parents. *Allergy* 1998;53:885–890.
- Nystad W, Skrandal A, Njå F, Hetlevik Ø, Carlsen K-H, Magnus P. Recurrent respiratory tract infections during the first 3 years of life and atopy at school age. *Allergy* 1998;53:1189–1194.
- Pastorello EA, Zara C, Riario-Sforza GG, Pravettoni V, Incorvaia C. Atopy and intolerance of antimicrobial drugs increase risk of reactions to acetaminophen and nimesulide in patients allergic to nonsteroidal anti-inflammatory drugs. *Allergy* 1998;53:880–884.
- Nilsson L, Grüber C, Granström M, Björkstén B, Kjellman N-IM. Pertussis IgE and atopic disease. *Allergy* 1998;53:1195–1201.
- Wal J-M. Cow’s milk allergy. *Allergy* 1998;53:1013–1022.
- Horton H, Weston SD, Hewitt CRA. Allergy to antibiotics: T-cell recognition of amoxicillin is HLA-DR restricted and does not require antigen processing. *Allergy* 1998;53:83–88.
- Ehlers I, Niggemann B, Binder C, Zuberbier T. Role of nonallergic hypersensitivity reactions in children with chronic urticaria. *Allergy* 1998;53:1074–1077.
- Rosenwasser LJ. The genetics of atopy. *Allergy* 1998;53 Suppl 46:8–11.
- Romagnani S. The Th1/Th2 paradigm and allergic disorders. *Allergy* 1998;53 Suppl 46:12–15.
- Beyer AV, Gall H, Peter RU. Anaphylaxis to pine nuts. *Allergy* 1998;53:1227–1228.
- Diel F, Detscher M, Schock B, Ennis M. *In vitro* effects of the pyrethroid S-bioallethrin on lymphocytes and basophils from atopic and nonatopic subjects. *Allergy* 1998;53:1052–1059.

16. Albery J, Stoll W. The effect of antiallergic intranasal formulations on ciliary beat frequency of human nasal epithelium *in vitro*. *Allergy* 1998;**53**:986–989.
17. Paganelli R, Ansotegui IJ, Sastre J, et al. Specific IgE antibodies in the diagnosis of atopic disease. Clinical evaluation of a new *in vitro* test system, UniCAP™, in six European allergy clinics. *Allergy* 1998;**53**:763–768.
18. The impact of allergic rhinitis on quality of life and other airway diseases. *Allergy* 1998;**53 Suppl 41**:7–31.