Letters to the Editor

To the Editor:

We thank Dr Vega for his expert comments on our paper [1]. Given the challenge of designing this study, one concern was that the most widely evaluated drugs in clinical practice were represented. In this sense, the adverse reactions induced by radiological contrast media cannot be compared with NSAIDs or ß-lactams. On the other hand, a second concern was that the protocols were representative of practice in most allergy departments in Spain.

In imaging, a contrast agent is any agent that is administered to the patient to improve visualization of an organ, tissue, or pathologic condition. Iodinated contrast agents are therefore not considered pharmacologically active drugs; however, interactions between these agents and medications are possible [2,3].

Given the length of the document, we deliberately chose not to include radiological agents or general anesthetics in order to provide clear information and focus on results for the drugs considered most necessary because of their therapeutic effect. Drugs were proposed with the aim of reporting not all the pertinent ones, but the most protocol-based and necessary ones that are assessed in most allergy units. In any case, contrast media are not included among the absolute contraindications.

Protocols for the administration of iodinated contrast agents are both interesting and well documented and are currently applied in most allergy departments for a number of reasons. In fact, the same author proposes that "Perhaps the greatest difficulty in generalizing the use of DPTs with ICM is the lack of standardized protocols. Therefore, further studies are necessary to search for the most appropriate methodology". These decisions are probably affected by the lack of custom and problems associated with staffing and waiting lists.

In summary, our review focuses on controlled exposure tests with standard drugs. We believe that an effective approach to exposure to radiological contrast media requires further debate and consensus before it can be implemented in daily practice [4-6].
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References


Patch Testing as a Diagnostic Method for DRESS Syndrome That Brings Us Closer to a Certain Result: Letter to the Editor

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To the Editor:
The recent clinical report by García-Paz et al [1] on a case of DRESS syndrome due to amoxicillin makes for interesting reading. In this report, a 26-year-old man presented with a rash whose clinical phenotype (according to the RegiSCAR score and patch testing) were all suggestive of DRESS syndrome [1]. The authors highlighted the peculiarities of this index case, which included the following: early onset of symptoms (presumably due to previous exposure to the drug); need for an exhaustive allergology work-up to exclude other potentially involved agents; and planning for the potential utility of the same medication for future treatment. We strongly agree with this observation, although we would like to add that the adjudication process could be further enhanced by ascertaining the potential avoidability of exposure to the culprit drug in the first place. The concept of avoidability is a fast-evolving topic in pharmacoepidemiology [2-5]. We were the first to explore the potential utility of the well-validated Liverpool adverse reaction avoidability tool (LAAT) in patients with DRESS syndrome [6]. In our published report exploring the clinical utility of the LAAT in patients with DRESS syndrome (N = 16) and median (IQR) RegiSCAR and J-SCAR scores of 6 (5-6.8) and 5 (4-5.8), respectively, we found that about 60% of the DRESS syndrome drug pairs were rated as “avoidable” (“probable” or “definite”). The overall Krippendorff α using this tool was 0.81 (SE, 0.10; 95%CI, 0.59-1.00), with an intraclass correlation coefficient of 0.90 (95%CI, 0.77-0.96). The paradigm of avoidability holds that when adverse drug reactions do occur, the adjudication process must include a determination of whether indeed such ADR drug pairs were avoidable or not. The report by García-Paz et al highlighting a previous exposure event perhaps demonstrates the ever-increasing need for incorporation of avoidability into the management of DRESS syndrome and the determination of other adverse drug reactions. In our report, we modified the LAAT tool to incorporate both the RegiSCAR score and HLA B*58:01 status (Figure). In common with the...