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Rituximab as Induction Therapy in Eosinophilic Granulomatosis with Polyangiitis Refractory to Conventional Immunosuppressive Treatment: A 36-Month Follow-Up Analysis

Thiel et al

1556

What is already known about this topic? Severe organ-threatening manifestations of eosinophilic granulomatosis with polyangiitis (EGPA) are mostly treated with cyclophosphamide (CYC). Recently, 2 larger case series reported on the efficacy of rituximab (RTX) in remission induction in patients with EGPA.

What does this article add to our knowledge? All patients showed a treatment response to RTX; 64% of patients with EGPA treated with RTX had a primary or secondary treatment failure to CYC, but still responded to RTX. Patients who had failed CYC induction responded to RTX with similar efficacy and safety profile to those who responded to first-line CYC induction.

How does this study impact current management guidelines? Our data suggest that RTX is an effective and safe treatment alternative in the induction therapy of EGPA and is also a treatment option in patients resistant to CYC or with contraindications to CYC. RTX-treated patients should be monitored for hypogammaglobulinemia.

Rituximab Hypersensitivity: Evaluation, Desensitization, and Potential Mechanisms

Wong et al

1564

What is already known about this topic? Hypersensitivity reactions to rituximab are common and desensitizations may be performed. Cytokine release is thought to be the major mechanism and tumor lysis may also contribute.

What does this article add to our knowledge? Rituximab hypersensitivity has many similarities but also key differences to patients with other chemotherapeutic drug hypersensitivity. The range and severity of hypersensitivity reaction pattern are broad but all can be managed with desensitization.

How does this study impact current management guidelines? Most types of hypersensitivity reactions are markedly reduced in frequency with desensitization. Skin tests, though supportive of the potential role of IgE-mediated mechanism, do not yield prognostic information. Nearly all patients with RITS, including patients with serum sickness and mast cell disorders, can be desensitized successfully.

Long-term Safety and Efficacy of Reslizumab in Patients with Eosinophilic Asthma

Murphy et al

1572

What is already known about this topic? Placebo-controlled trials in patients with eosinophilic asthma show that intravenous reslizumab, an anti-IL-5 monoclonal antibody, has a safety profile similar to placebo. Reslizumab reduces asthma exacerbations and improves lung function and asthma control.

What does this study add to our knowledge? This open-label extension study with overall reslizumab exposure up to 3 years, when including exposure during the double-blind treatment periods of the 3 pivotal studies, demonstrates acceptable safety and maintenance of improved lung function and asthma control in patients with moderate-to-severe eosinophilic asthma treated with intravenous reslizumab.

How does this study impact current management guidelines? The safety and efficacy results of this study support reslizumab treatment for long-term control of moderate-to-severe eosinophilic asthma. There is no evidence of an increased incidence of adverse events with long-term reslizumab exposure compared with the reslizumab-naïve group or compared with the placebo-treated patients in the double-blind trials.

Lack of Efficacy of Symptoms and Medical History in Distinguishing the Degree of Eosinophilia in Nasal Polyps

Steinke et al

1582

What is already known about this topic? Studies have demonstrated that nasal polyps can be eosinophilic or noneosinophilic and this knowledge can direct treatment; however, there is no way to distinguish these conditions other than by histology.

What does this article add to our knowledge? No clinical biomarker other than absolute eosinophil count was able to help distinguish patients with eosinophilic polyps from patients with noneosinophilic polyps.

How does this study impact current management guidelines? This study emphasizes the importance of histologic examination of surgically obtained tissue to direct treatment.

Increasing Total Serum IgE, Allergic Bronchopulmonary Aspergillosis, and Lung Function in Cystic Fibrosis

Gothe et al

1591

What is already known about this topic? Allergic bronchopulmonary aspergillosis (ABPA) is a hypersensitivity disorder complicating cystic fibrosis (CF) lung disease but also occurring in asthmatics. ABPA diagnosis is still challenging and relies on a combination of clinical, radiological, and immunological criteria.

What does this article add to our knowledge? Monitoring changes in total IgE (Δ IgE) levels facilitates clinical diagnosis of CF-related ABPA. A Δ IgE-based treatment decision seems to promote a favorable long-term pulmonary outcome in sensitized patients.

How does this study impact current management guidelines? Current total IgE cutoff values might be too high especially in children and provoke underestimation of ABPA. In *Aspergillus fumigatus*-sensitized patients, doubling of total IgE levels within 3 months exceeding normal range may indicate treatment requiring ABPA.

Opioid Hypersensitivity: Predictors of Allergy and Role of Drug Provocation Testing

Li et al

1601

What is already known about this topic? IgE-mediated opioid hypersensitivity is rare; many reactions are due to direct mast cell degranulation. Opioid skin testing and sIgE are of limited use. Drug provocation testing (DPT) is an underutilized “gold standard” for diagnosis.

What does this article add to our knowledge? Opioid allergy is overdiagnosed. DPT confirms allergy only in a small minority. Angioedema or hypotension as an index reaction increases the likelihood of true opioid allergy. Most codeine/morphine allergic patients tolerate fentanyl, a synthetic opioid.

How does this study impact current management guidelines? Opioid DPT help avoid incorrect diagnosis/overdiagnosis. Angioedema or hypotension as an index reaction might predict the likelihood of true allergy. DPT are safe when performed by experienced clinicians after risk stratification and using individualized protocols.

Undetectable Mannose Binding Lectin and Corticosteroids Increase Serious Infection Risk in Rheumatoid Arthritis

Carroll et al

1609

What is already known about this topic? Serious infections (SIs) are the leading cause of death in rheumatoid arthritis. Several clinical factors and most importantly prolonged corticosteroid use confer risk for SIs. So far, no serological predictor for SIs has been identified.

What does this article add to our knowledge? Mannose binding lectin (MBL) deficiency has been found to confer increased risk for SIs, comparable to the use of maintenance prednisolone.

How does this study impact current management guidelines? Knowledge of MBL status will emphasize SI risk and inform treatment decision making in rheumatoid arthritis. These findings are likely to inform clinical practice.

An Australian Consensus on Infant Feeding Guidelines to Prevent Food Allergy: Outcomes From the Australian Infant Feeding Summit

Netting et al

1617

What is already known about this topic? Infant feeding in the first postnatal year of life plays an important role in the risk of developing food allergy. Infant feeding guidelines now actively promote inclusion of common allergens in the early life diet.

What does this article add to our knowledge? We carefully evaluated the synthesized evidence as part of the process of developing consensus Australian infant feeding guidelines to prevent food allergy. Involving a range of key stakeholders will ensure that infant feeding advice reaches a wide consumer audience.

How does this study impact on current management guidelines? Consumers access a range of infant feeding advice that may be contradictory. Use of consensus wording related to infant feeding to reduce food allergy risk will ensure clear and consistent consumer advice, which may improve uptake.

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