

I. DOÑA<sup>1</sup>, N. BLANCA-LOPEZ<sup>2</sup>, J. A. CORNEJO-GARCIA<sup>3</sup>

## NSAIDs are the most frequent medicaments involved in hypersensitivity drug reactions

<sup>1</sup>Allergy Service Carlos Haya Hospital, Malaga, Spain [inmadd@hotmail.com](mailto:inmadd@hotmail.com)

<sup>2</sup>Allergy Service, Infanta Leonor Hospital, Madrid, Spain

<sup>3</sup>Research Laboratory for Allergic Diseases, Carlos Haya Hospital, Malaga, Spain

*Dear Sir*

The editorial by Asero et al. in issue n° 1 of Vol. 45 of the European Annals of Allergy and Clinical Immunology (1) points out important data on cutaneous hypersensitivity to multiple non-steroidal anti-inflammatory drugs (NSAIDs) in the sense that a certain number of patients may also respond to selective COX-2 inhibitors. Although the cases of the two patients reported had good tolerance to paracetamol, the authors noted that tolerance to selective COX-2 inhibitors may vary according to previous tolerance to paracetamol. Comparing reactivity to different coxibs, figures lower than 10% could correspond to cases who had good tolerance to paracetamol, and higher figures could correspond to those who previously had skin problems after taking paracetamol, as reported by our group (2). However, a more detailed analysis (from the table) shows that tolerance to paracetamol was not tested in every patient (1).

It is important also to emphasize the relevance of NSAIDs in the induction of hypersensitivity reactions. Asero et al stated in the article that NSAIDs are one of the common causes inducing drug hypersensitivity. For this purpose, a detailed analysis of the manuscript published by Gomes et al. (3) indicates that NSAIDs were the second on the list of implicated drugs in hospital-based populations as well as in outpatients and general populations. However, a recent study published by our group (4) showed that after a detailed evaluation of 4460 patients

over a period of 6 years, 966 patients were finally confirmed as positive to NSAIDs, this representing the most frequent group of drugs involved and confirmed as causing allergy. A previous study focusing on the hypersensitivity patterns of responses to the NSAID group suggests that 60% were cross-intolerant (5). We believe that with the data now available, these references should be taken into account when referring to drugs involved in hypersensitive reactions.

### References

1. Asero R, Quarantino D. Cutaneous hypersensitivity to multiple NSAIDs: never take tolerance to selective COX-2 inhibitors (COX-IBs) for granted! *Eur Ann Allergy Clin Immunol.* 2013;45(1):3-6.
2. Doña I, Blanca-López N, Jagemann LR, Torres MJ, Rondón C, Campo P, et al. Response to a selective COX-2 inhibitor in patients with urticaria/angioedema induced by nonsteroidal anti-inflammatory drugs. *Allergy.* 2011;66(11):1428-33
3. Gomes ER, Demoly P. Epidemiology of hypersensitivity drug reactions. *Curr Opin Allergy Clin Immunol.* 2005;5:309-16.
4. Doña I, Blanca-Lopez N, Torres MJ, García-Campos J, García-Núñez I, Gómez F, et al. Drug hypersensitivity reactions: response patterns, drug involved, and temporal variations in a large series of patients. *J Investig Allergol Clin Immunol.* 2012;22:363-71.
5. Doña I, Blanca-López N, Cornejo-García JA, Torres MJ, Laguna JJ, Fernández J, et al. Characteristics of subjects experiencing hypersensitivity to non-steroidal anti-inflammatory drugs: patterns of response. *Clin Exp Allergy.* 2011;41(1):86-95.