

SAFETY OF SUBLINGUAL IMMUNOTHERAPY

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In general, Sublingual immunotherapy (SLIT) appears to be associated with fewer and less severe adverse events (AEs) than subcutaneous immunotherapy (SCIT) and appears to be better tolerated than SCIT. Specific instructions should be provided to patients regarding the management of adverse reactions, unplanned interruptions in treatment and situations when SLIT should be withheld. The majority of SLIT adverse events appears to occur during the beginning of treatment.

Oropharyngeal reactions are the most common AEs but other reactions, such as asthma, urticaria and abdominal pain have been reported with SLIT. There have been a few case reports of anaphylaxis with SLIT, including two reports of anaphylaxis with the first dose but never fatalities. Risk factors for SLIT AEs have not been clearly established. Some studies suggest a greater frequency of AEs during the induction phase compared to the maintenance phase, but there does not appear to be a relationship between induction schedule and SLIT AEs, with ultra-rush and no-induction schedules reported as being well tolerated in several studies. Risk factors for the occurrence of SLIT severe adverse events have not yet been established.

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Further studies are needed to identify and characterize SLIT risk factors and patients who should initially receive this treatment in a medically supervised setting. There is a need for a generally accepted system of reporting adverse reactions anaphylaxis.

References

Eleftheriadou A. Safety of sublingual immunotherapy. Abstract Book of the VII Balkan Congress of Otorhinolaryngology, Head and Neck Surgery, Nis, Serbia, 10-13 June 2010.