Adverse events in sublingual immunotherapy: Analysis and management

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Immunotherapy can be administered either by injections (Subcutaneous Injection Immunotherapy or “SCIT”) or by oral vaccines (Sublingual Immunotherapy known as “SLIT”). There is a consensus in the literature that SLIT is safe. SLIT reactions (reported as Adverse Events -AE’s-) are more common than reactions to injection immunotherapy, but are usually mild. Still, in the last few years, several cases of severe reactions after SLIT administration have been reported where patients suffered asthma attacks, in some cases severe enough to require hospital care. Despite these reports, SLIT’s safety is undisputed, as contrary to the case of SCIT that carries a risk of severe reactions (even mortality) there has not been a single report of mortality due to SLIT administration for the treatment of inhalant allergies. Usual reported AE’s include: labial or buccolingual edema, buccal pruritus or throat irritation; rhinitis, conjunctivitis or rhinoconjunctivitis and gastro-intestinal (GI) problems. Itching in oral cavity or other parts of the face, and GI symptoms are often the most common reported AE’s. Usual management of AE’s consists of dose adjustment. In this presentation, the experience of managing 61 patients that reported AE’s in a private-office setting will be analyzed. Complaints not usually reported will be presented. Management instituted at the time of the AE will be analyzed. AE’s are arranged in clusters of similar complaints. AE’s involving the skin accounted for close to 50% of the complaints. Guidelines for future management of the AE’s are proposed, and for this, it is necessary to classify the AE’s according to their severity.

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