CORRESPONDENCE

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Letter to the editor: Diagnostic procedures and case related information in ICM-induced hypersensitivity

The Editor,

It was with great interest I read the article by Garcia-Ortega et al [1] who presented a case with immediate reaction after iodinated contrast medium (ICM) injection. First of all I would like to congratulate the authors who published this interesting case; however, some facts remain unclear to me.

First, what kind of hypersensitivity did the patient have? Angio-oedema of trunk and limbs is an unknown condition. Angio-oedema occurs in the face and involves the eyelids and lips [2]. I presume that the authors mean a generalised urticaria.

Description of the clinical features is of great importance in the understanding of the pathological background, and planning of diagnostic procedures.

Second, why was coronary angiography repeated 4 days later? Angiographic procedures with ICM at short intervals may be problematic, particularly in a patient with a previous immediate hypersensitivity reaction. Why was magnetic resonance angiography not considered as an alternative in this instance?

Third, why was iodixanol used again? On one hand the authors present "new diagnostic tools", and on the other the management is very old fashioned. Currently, radiologists do not usually use the ICM that has induced the hypersensitive reaction. Moreover, it is well known that pre-medication with antihistamines and corticosteroids do not prevent hypersensitive reactions. Furthermore, the doses of the drugs given 24 h before the start of the second angiography are missing in the case report.

Fourth, why was the allergological work up started after the second hypersensitivity reaction?

Hypersensitivity reactions after ICM reaction continue to be a challenge in radiological routine. To improve the safety of ICM application both clinical studies and case reports are of great importance. Case reports should be used to exactly describe the clinical features of adverse reactions in general, and of hypersensitivity reactions in particular [3].

To conclude, in patients at high risk of hypersensitivity reaction, intradermal testing and the basophil degranulation test are of significant clinical impact, but other strategies such as avoidance of causative ICM should also be taken into account [4].

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(Received 23 November 2010, Accepted 4 January 2011)

DOI: 10.1259/bjr/65388056

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