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Retesting in children with β -lactam allergy.

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To the editor

We have read the interesting article by Caubet et al “The role of penicillin in benign skin rashes in childhood: A prospective study based on drug rechallenge” recently published in JACI ¹. In that paper, authors claim that the main goal was to investigate viral infections in children treated with betalactams and assisted in Emergency Department with an urticarial or maculopapular skin rash persisting more than 24 hours. After the microbiology study of specimens, authors performed a second goal with is a conventional approach to allergy studies following European Network for Drug Allergy (ENDA)/European Academy of Allergy and Clinical Immunology guidelines for study of subjects with a suspicion of non-immediate reaction to betalactam ². In that allergy study, authors performed, among other tests, skin prick and intradermal tests before an open oral challenge test (OCT) with the culprit drug. After tolerance or not with the drug, there was no doubt about to do any second retest in these children, since the reaction recently occurred. ENDA recommends retest between 2 and 4 weeks after first study when reactions have occurred some time ago. Retests consist on skin prick test, intradermal test and a new OCT, so called rechallenge ³.

In paper ¹, authors claim in title that the study was based on drug rechallenge. Since authors do not perform any second challenge, the term re-challenge has been misused and probably will be misunderstood for some readers. Authors had probably considered the first exposition to the betalactam antibiotic during viral infection as a challenge. But it should not be ever considered as so. The precise meaning of that first exposition is a treatment of an infection and should not actually be considered as a provocation.

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