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Safety of direct oral provocation in beta-lactam allergy

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KEYWORDS

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Dear Editor,

I have read the article titled, "Safety of direct oral provocation test to delabel reported mild beta-lactam allergy in infants" by Cunha et al. with great interest.¹ The authors of this article suggest that direct administration of the drug provocation test (DPT) without prior testing is a safe and effective method to detect Beta-lactam allergy, even in infants. Although this is a good and useful article, discussing a certain point in the table that has been missed out would help the reader understand the article better.

Characteristics of infants with positive DPT are given in Table 3 on page 3 of the article.¹ Table 3 is not referenced in the text of the article, and it is not at all mentioned in the discussion.¹ Drug hypersensitivity reaction due to beta-lactam allergy occurred on days 2-5 in these patients, and the reaction on DPTs occurred on days 1-2. Moreover, although only maculopapular exanthem was observed in these patients as a drug reaction, it is thought that an anaphylaxis-like reaction was observed in one case with the addition of gastrointestinal symptoms to the exanthem. I think these issues are important and discussing them with due importance will increase the overall value of this article.

In conclusion, I would like to thank the authors for this high-quality study and its results.

References

1. Cunha F, Cunha I, Gomes E. Safety of direct oral provocation test to delabel reported mild beta-lactam allergy in infants. Allergol Immunopathol (Madr). 2024; 52(2):10-15. <https://doi.org/10.15586/aei.v52i2.887>

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