

INTRODUCTION

- Mislabeling patients as allergic to beta lactam antibiotics has a major impact on morbidity, health economics and mortality
- In order to properly diagnose or exclude penicillin allergy, a thorough clinical history, skin tests and/or graded challenge tests are needed
- The accuracy of focused clinical history, when immediate reaction to BL is suspected, has not been evaluated previously

OBJECTIVES

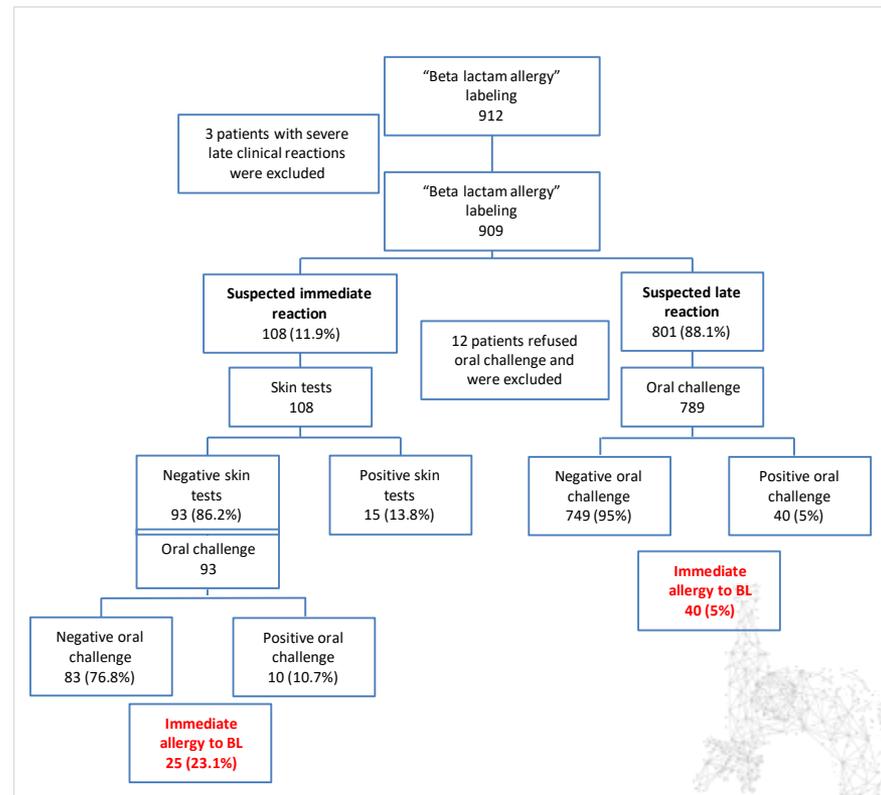
To determine the predictive value of a clinical anamnesis, performed by specialists in allergy and clinical immunology, in the diagnosis of immediate allergy to BL

METHOD

- All patients labeled as allergic to beta lactam were interviewed by a specialist in allergy and clinical immunology and defined as suspected of having a history of immediate or non-immediate reaction
- When indicated, skin tests to major and minor determinants and oral graded challenge to the culprit drug were performed

RESULTS

- Skin tests or challenge proven diagnosis of IgE-mediated allergy to beta lactam were significantly more prevalent in the group with an allergist's suspicion of an immediate allergy (23.1% vs. 5%, $p < 0.01$)
- The sensitivity and negative predictive values were high (0.9 and 0.95, respectively) but the specificity and positive predictive value were low (0.37 and 0.23)



CONCLUSIONS

- Medical history taken by an allergist can exclude immediate hypersensitivity reaction, but is not specific enough to confirm the diagnosis
- Skin testing and graded challenge in suspected cases of immediate hypersensitivity reaction are indicated