

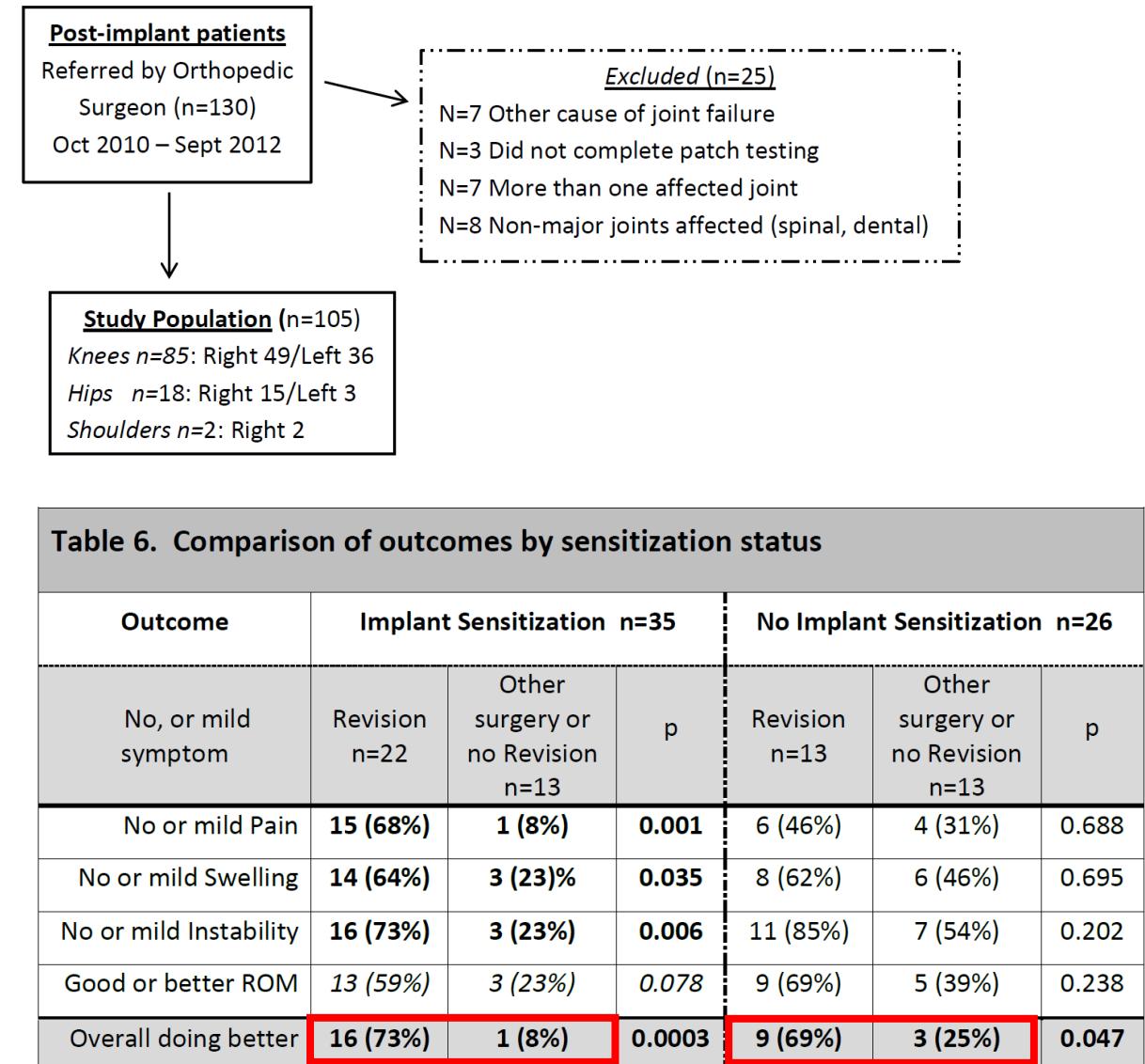
La sensibilisation aux constituants des prothèses = échec de la prothèse. Le remplacement par une prothèse non-allergénique améliore l'évolution

- 105 patients: échec prothèse genou, hanche, épaule
- 60% sensibilisés
 - 32% métaux (Ni, Co, Cr)
 - 37% ciment (acrylates, BP, 2-HEMA, ciment)
- Remplacement par:
 - céramique (métaux)
 - press & fit (ciment)
- Evolution favorable 12 mois après le remplacement
 - chez les sensibilisés ou non
 - plus fréquente chez les sensibilisés

How does this study impact current management guidelines?

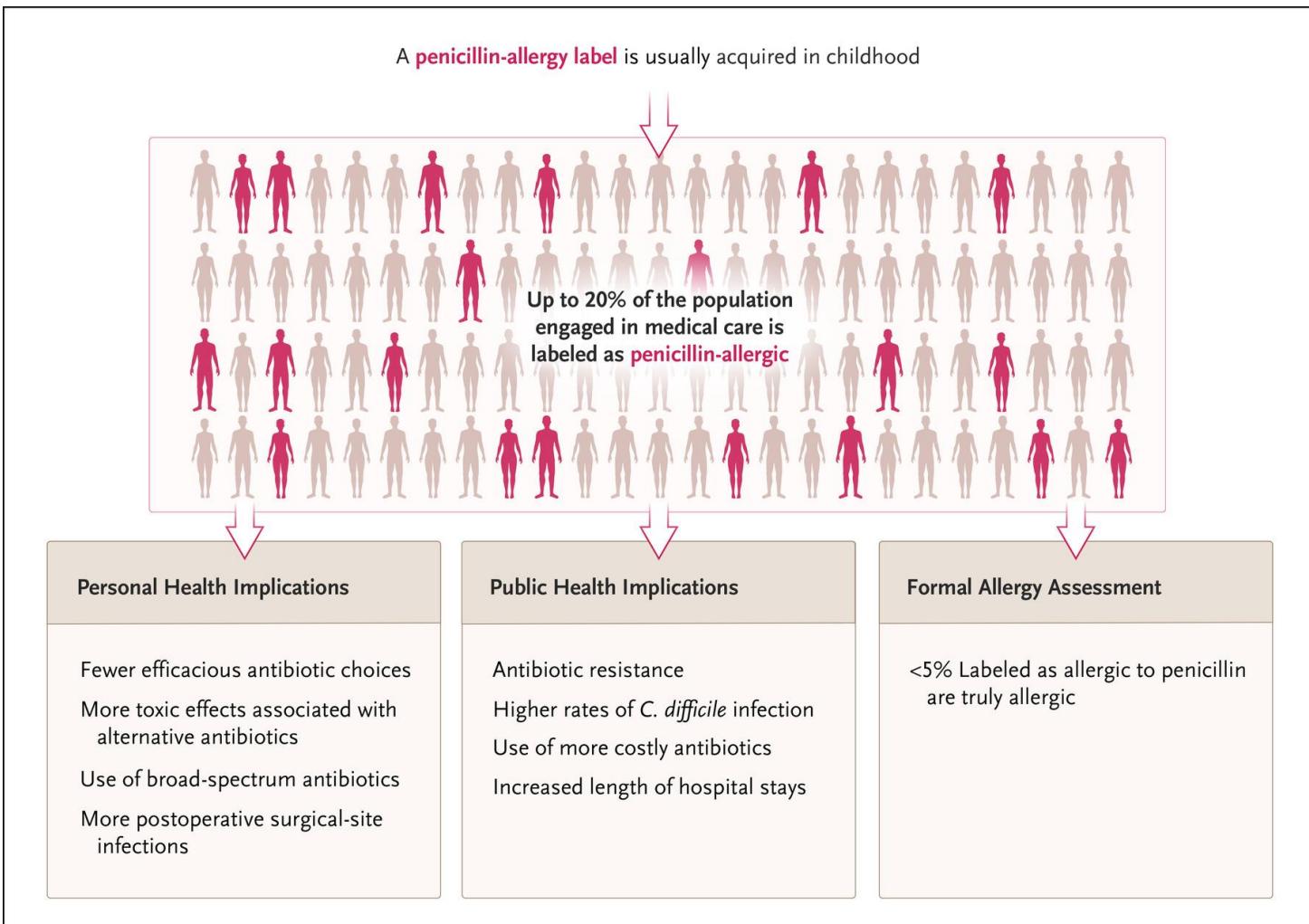
- ✓ Testing for sensitization to implant components needs to be part of the routine evaluation of joint failure patients.

Sensitization to implant components is associated with joint replacement failure; identification and revision to non-allergenic hardware improves outcomes. The Journal of Allergy and Clinical Immunology: In Practice, in press 2021



Penicillin Allergy

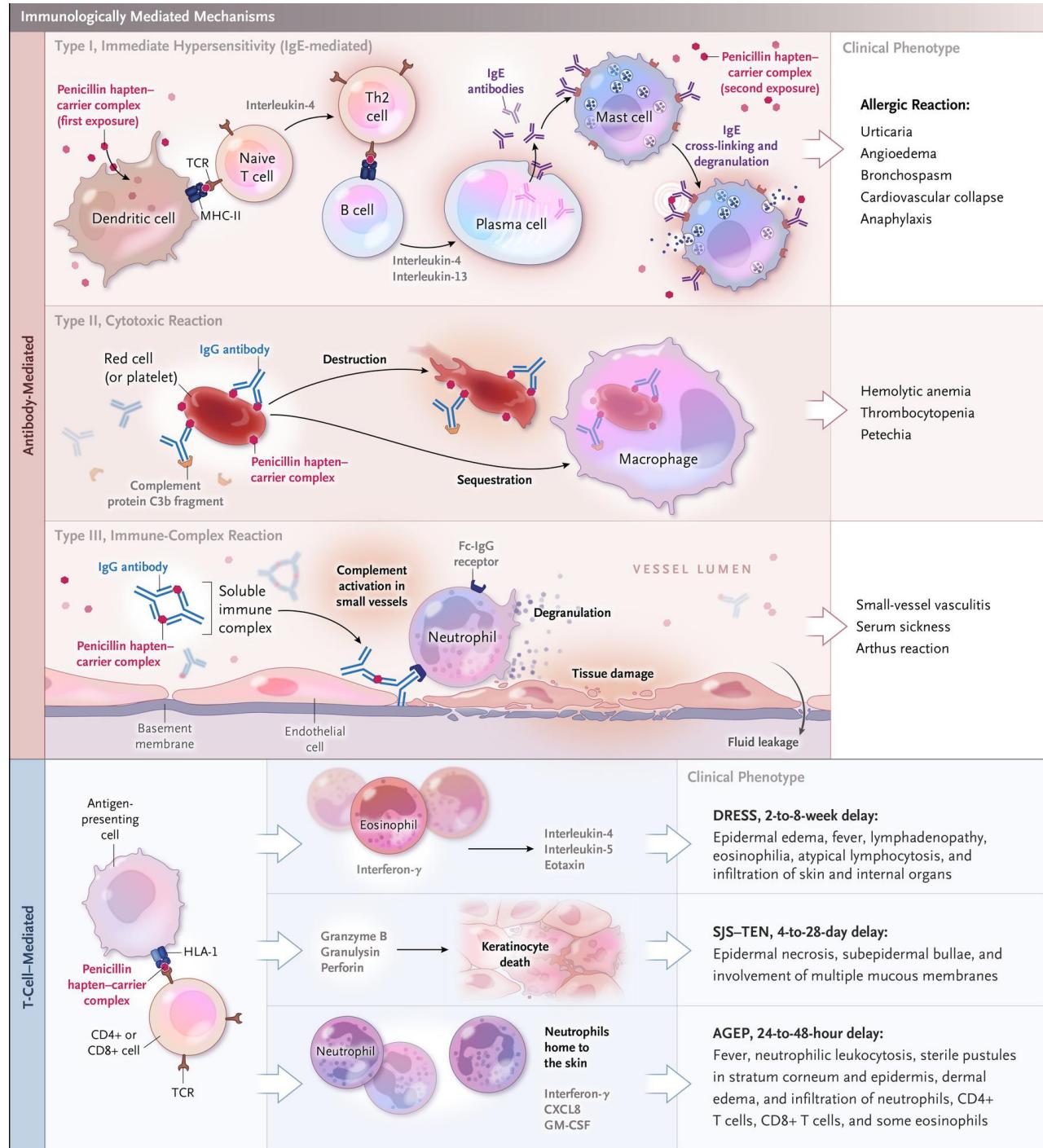
- Current Epidemiology and Geographic Relevance
- Penicillin and Beta-Lactams
- Mechanisms of Penicillin Allergy
- Diagnosis of IgE-Mediated Penicillin Allergy
- Penicillin Skin Testing for IgE-Mediated Reactions
- Direct Challenge without Skin Testing for Children
- Testing for Delayed Penicillin Allergy
- Genetic Risk
- Natural History of Penicillin Allergy
- Clinical Implications of a Penicillin-Allergy Label
- Penicillin-Allergy Assessment in Antibiotic Stewardship Programs
- Best Clinical Practices for Removing the Penicillin-Allergy Label
- Penicillin Desensitization



Castells M, Khan DA, Phillips EJ. Penicillin Allergy. N Engl J Med. 2019 Dec 12;381(24):2338-2351.

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Hypersensibilité aux antibiotiques

La réintroduction d'un traitement complet est préférable à la réintroduction d'une seule dose pour assurer le diagnostic d'hypersensibilité

- The prevalence of antibiotic hypersensitivity in cystic fibrosis (CF) patients is comparable to that observed in the general population
- Only a small proportion of suspected antibiotic hypersensitivities is confirmed by the allergology workup and/or the drug challenge
 - Full-course reintroduction of the culprit antibiotic (and not only drug provocation test),
 - β -Lactams are the most frequently involved antibiotics in these reactions, but attention must be paid to other molecules, especially cotrimoxazole.

BRAUN C, REIX P, DURIEU I, NOVE-JOSSEMAND R, DURUPT S, OHLMANN C, MAINGUY C, NICOLAS JF, NOSBAUM A, JUBIN V. The diagnosis of hypersensitivity to antibiotics is rarely confirmed by the allergology work-up in cystic fibrosis patients. Pediatr Allergy Immunol. 2020; 31:396-404

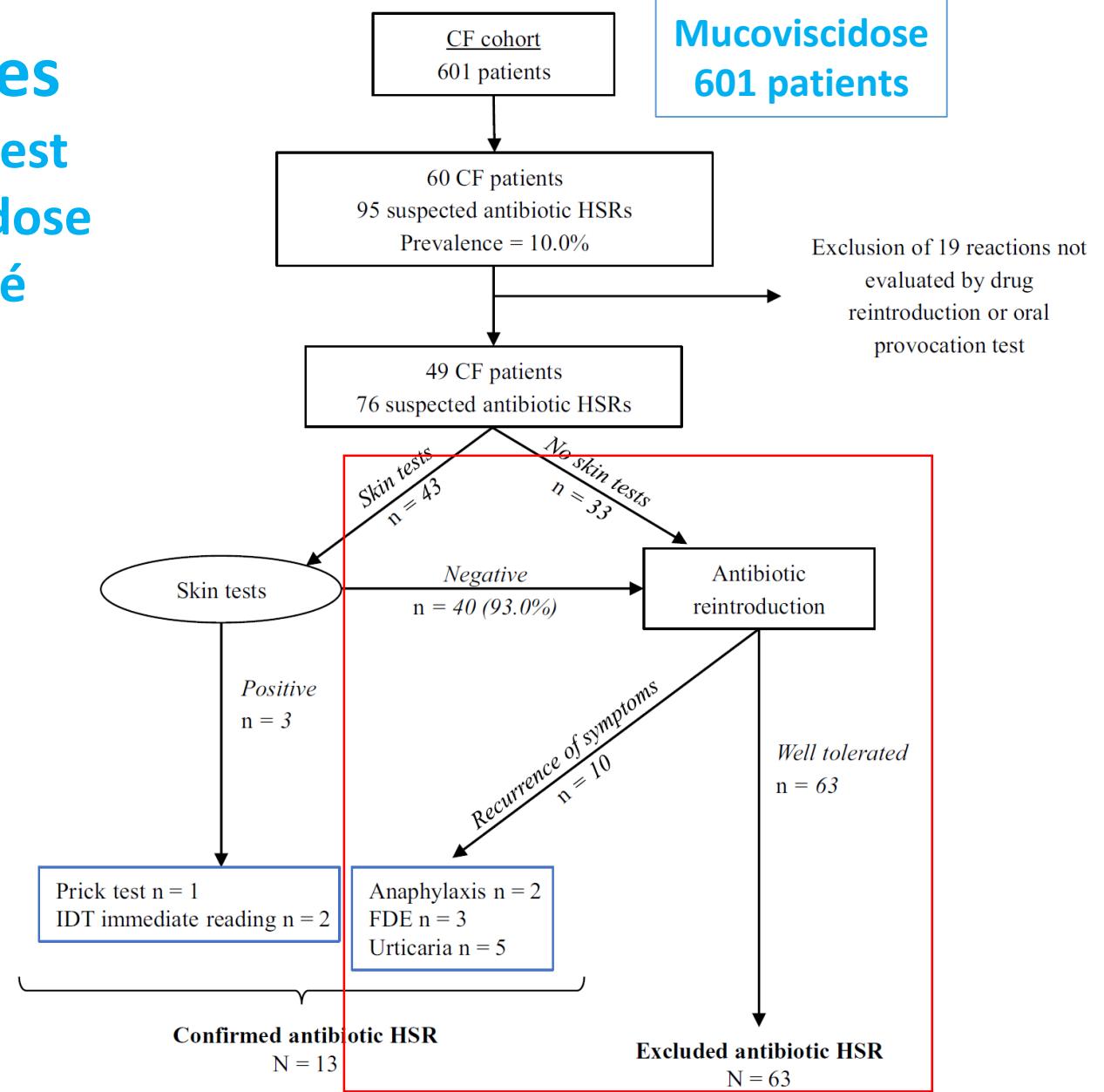
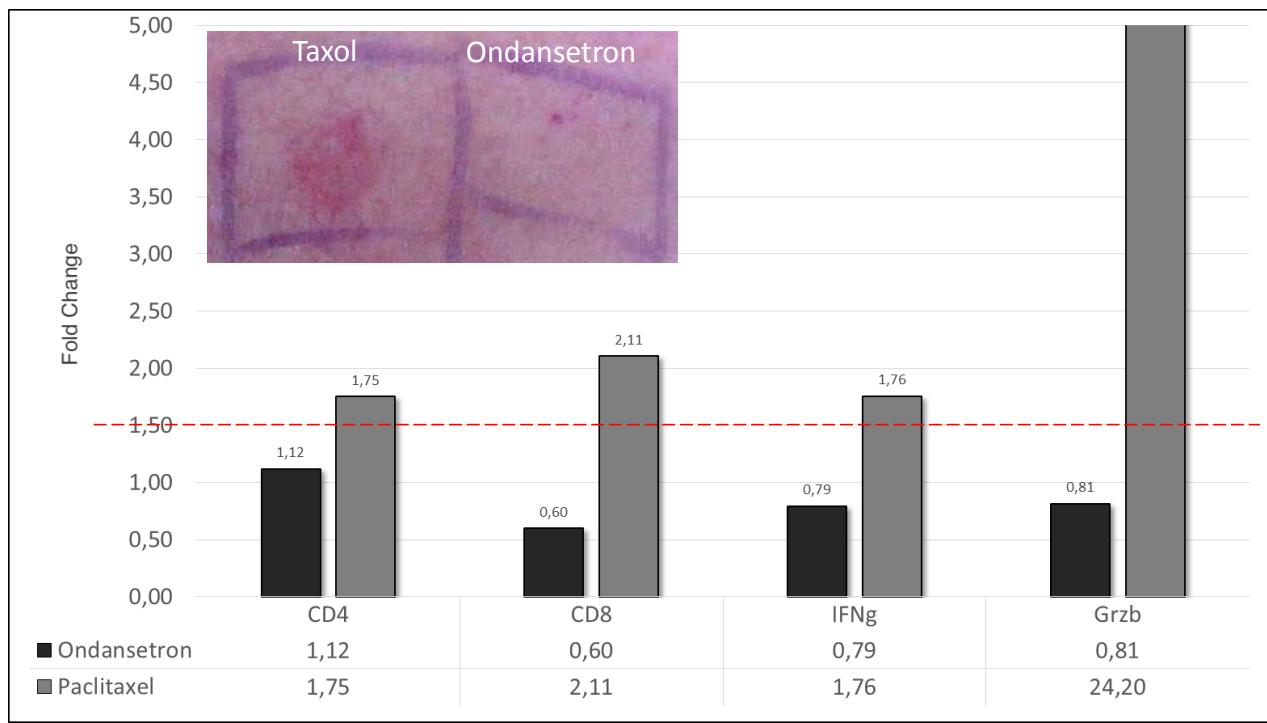


FIGURE 1 Diagnosis flowchart of antibiotic hypersensitivity reactions in cystic fibrosis patients. HSR, hypersensitivity reaction

Diagnostic moléculaire de l'allergie retardée aux médicaments

- Paclitaxel (i.e. Taxol®) chemotherapy belonging to the taxane class: breast, ovarian and lung cancer and Kaposi sarcoma.
- Taxane-induced hypersensitivity reactions are frequent and occur in almost 10% of patients.
 - most of the reactions are immediate hypersensitivities
 - delayed hypersensitivity reactions: MPE or as Steven-Johnson syndrome
- **Case report:** Patient who developed a generalized maculo-papular exanthema starting 24h after the first Taxol® injection.
- Positive delayed (72h) intradermal skin test (IDT) to Taxol®.
- RT-PCR analysis of the positive paclitaxel IDT confirmed the diagnosis of delayed allergic hypersensitivity.



➤ Molecular analysis of positive skin tests discriminates a **delayed drug allergy**, involving the recruitment and activation in the skin of drug-specific T cells (adaptive immunity) from a **delayed non allergic hypersensitivity** mediated by activation of innate immunity.

La survenue d'une toxidermie bénigne ne doit pas faire arrêter le traitement

- Monoclonal antibodies targeting IL-17A (ixekizumab, secukinumab) or the IL-17 receptor A (IL-17-RA; brodalumab)
 - are all highly effective and well tolerated
 - occurrence of eczematous eruptions in 2 to 5% of patients under IL-17A-F inhibitors.
- **Case report:** generalized eczematous eruption during the course of brodalumab treatment in a difficult-to-treat psoriasis patient:
 - (i) lack of efficacy (etanercept, infliximab, adalimumab, ixekizumab);
 - (ii) bad tolerance (ustekinumab, golimumab);
 - (iii) paradoxical worsening of the disease: pustular psoriasis (infliximab, ustekinumab)
- Management of the eczema
 - short course of topical corticosteroids
 - continuation of brodalumab

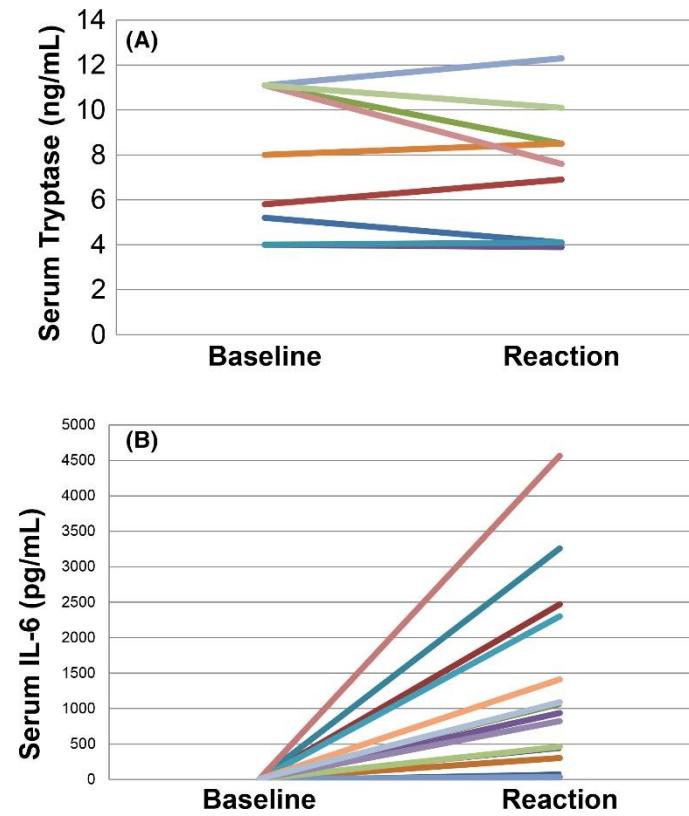


Danset M, Hacard F, Jaulet C, Nosbaum A, Berard F, Nicolas JF, Goujon C. [Brodalumab-associated generalized eczematous eruption in a difficult-to-treat psoriasis patient: management without brodalumab withdrawal](#). Eur J Dermatol. 2020 Dec 18.

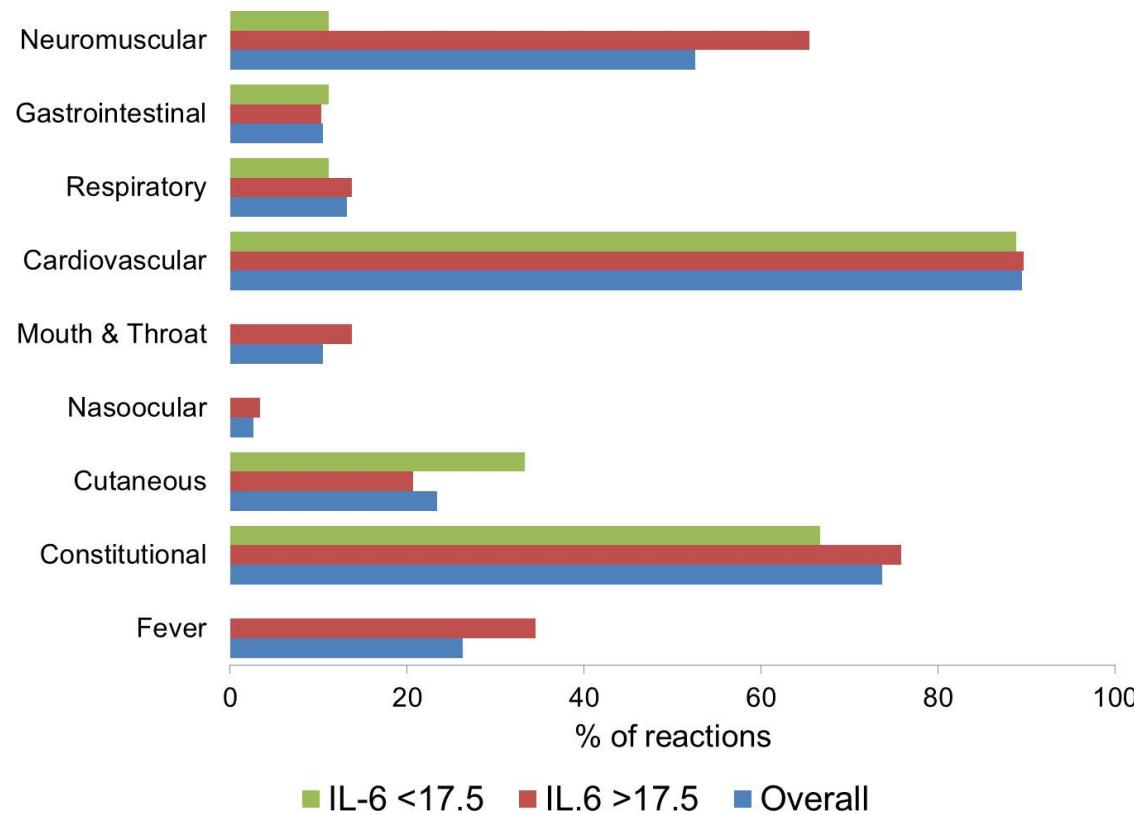
Best of 2021

Drug allergy

Interleukin-6: A novel biomarker for monoclonal antibody and chemotherapy-associated hypersensitivity confirms a cytokine release syndrome phenotype-endotype association



Interleukin-6: A novel biomarker for monoclonal antibody and chemotherapy-associated hypersensitivity confirms a cytokine release syndrome phenotype-endotype association



Granulysin-based lymphocyte activation test for evaluating drug causality in antiepileptics-induced severe cutaneous adverse reactions

Mu-Tzu Chu^{1,2}, Chuang-Wei Wang^{2,3}, Wan-Chun Chang², Chun-Bing Chen^{2, 3, 4, 5}, Wen-Hung Chung^{2, 3, 4, 6, 7}, and Shuen-lu Hung, PhD^{1,2,3}

Urticaire aux AINS : une prise en charge similaire à celle de l'urticaire aiguëNSAID urticaria: Similar management to acute urticaria

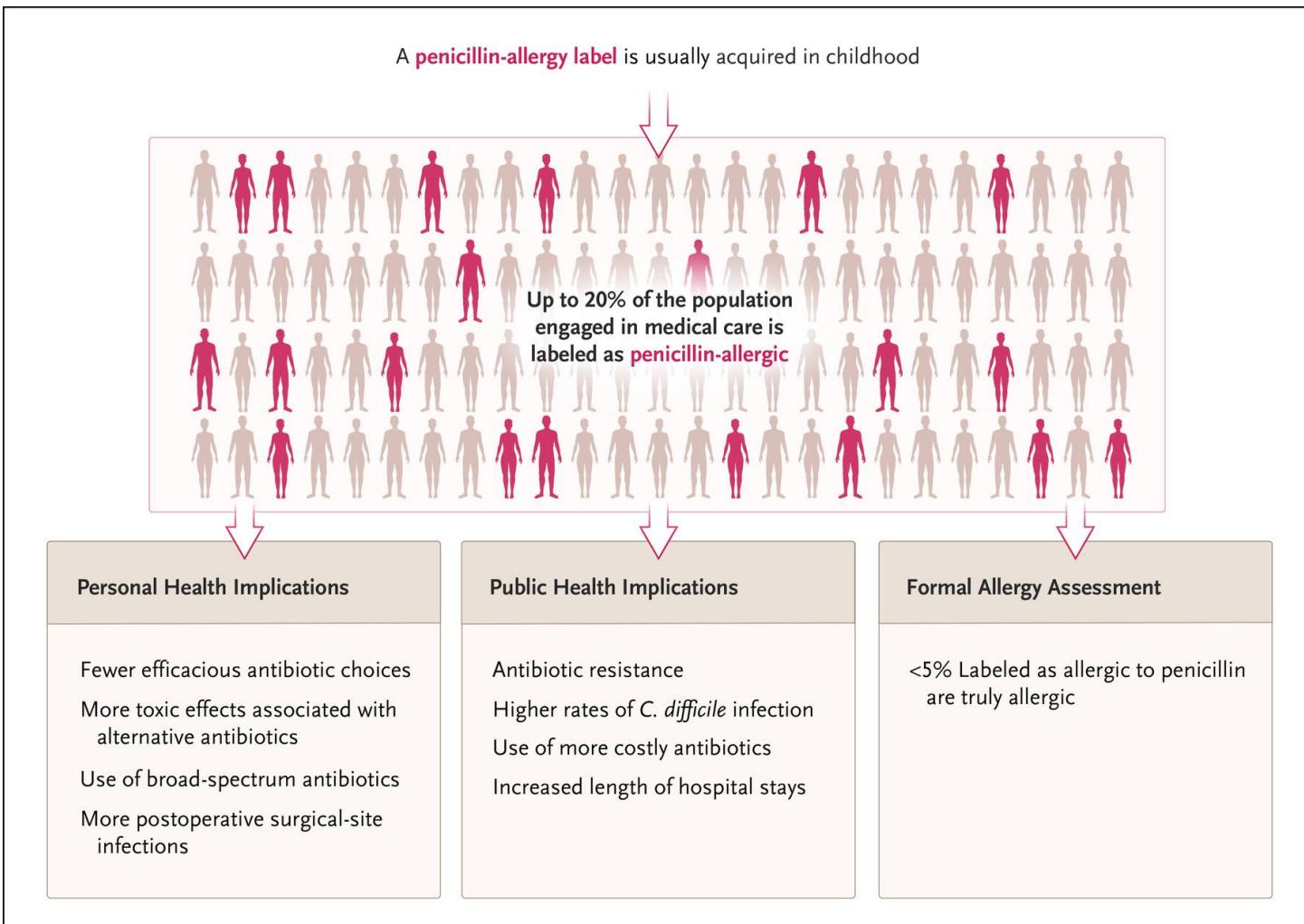
Author links open overlay panel [M.Khandzian^{ab}](#) [F.Hacard^{ac}](#) [M.Baire-Bourrel^a](#) [C.Jaulent^a](#) [F.Bérard^{abc}](#) [J.-F.Nicolas^{abc}](#) [A.Nosbaum^{abc}](#)

Xolair-induced recurrent anaphylaxis through sensitization to the excipient polysorbate. Perino E,
Freymond N, Devouassoux G, **Nicolas JF**, Berard F. Ann Allergy Asthma Immunol. 2018 Jun;120(6):664-
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[Drug-induced aseptic meningitis: A possible T-cell-mediated hypersensitivity.](#) Castagna J, Nosbaum A, Vial T, Rozieres A, Hacard F, Vocanson M, Pralong P, Chuniaud-Louche C, **Nicolas JF**, Gouraud A, Bérard F. *J Allergy Clin Immunol Pract.* 2018 Jul-Aug;6(4):1409-1411. doi: 10.1016/j.jaip.2017.11.034. Epub 2018 Jan 6.

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