

Rhinite Allergique Locale /Rhinites allergiques.



Rhinite allergique :
il y a encore
beaucoup à faire...

- Prévention: la vache et le poisson...
- apprécier la qualité de vie.
- faire des tests de provocation en clinique courante.

ALLERGIC RHINITIS

CONCLUSIONS

Prevention of allergic rhinitis

Effects of AR on work and school performance
still underestimated

Consider mental health problems in AR patients

Perform nasal allergen challenges

Follow guidelines in AR treatment

Interact with non-specialists and pharmacists

Foster patient participation

ALLERGIC RHINITIS CONCLUSIONS



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Petite histoire de la Rh Allergique Locale

-son existence est suspectée depuis 1975.

-elle est démontrée par la positivité du test de provocation.

-elle répond bien au traitement.

LOCAL ALLERGIC RHINITIS

Allergic reaction of the nose in the absence of systemic atopy

Huggins und Brostoff (1975)

Powe: Entopy

- Nasal allergen challenge in patients with idiopathic rhinitis often positive
- sIgE grass positive, sIgE mite negative

Rondon: Local allergic rhinitis

- Nasal allergen provocation and nasal sIgE in many patients that were previously characterized as non-allergic

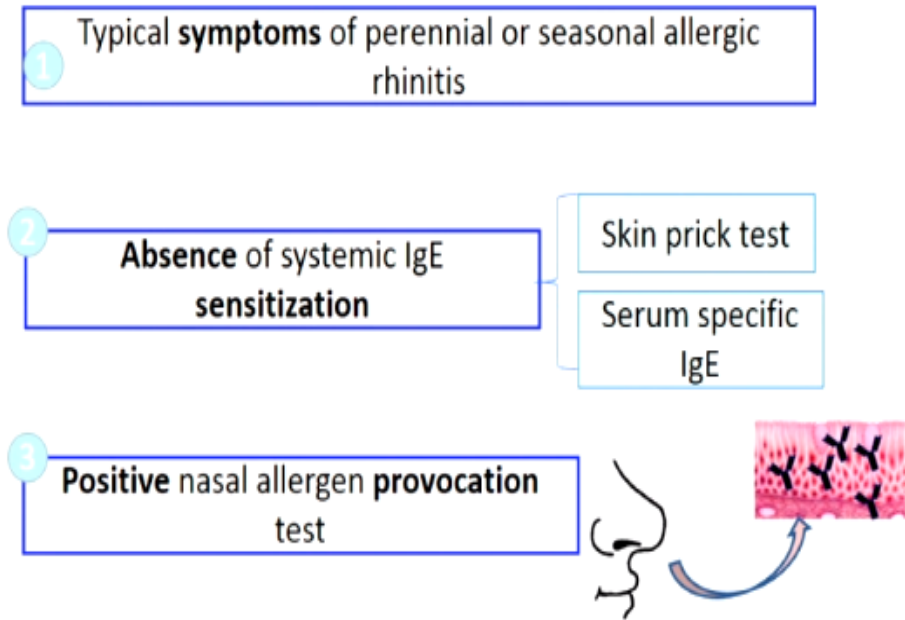
Huggins KG, Brostoff J. Lancet. 1975;2(7926):148-50.

Powe DG, et al. Clin Exp Allergy. 2003;33(10):1374-9.

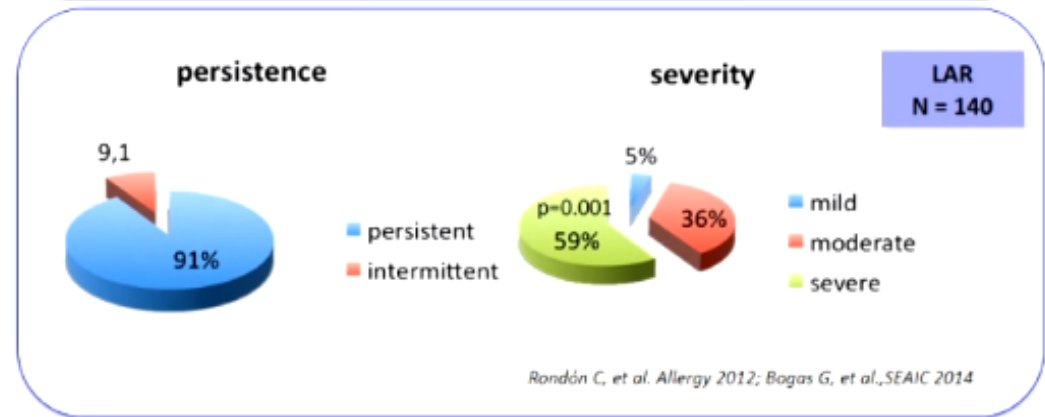
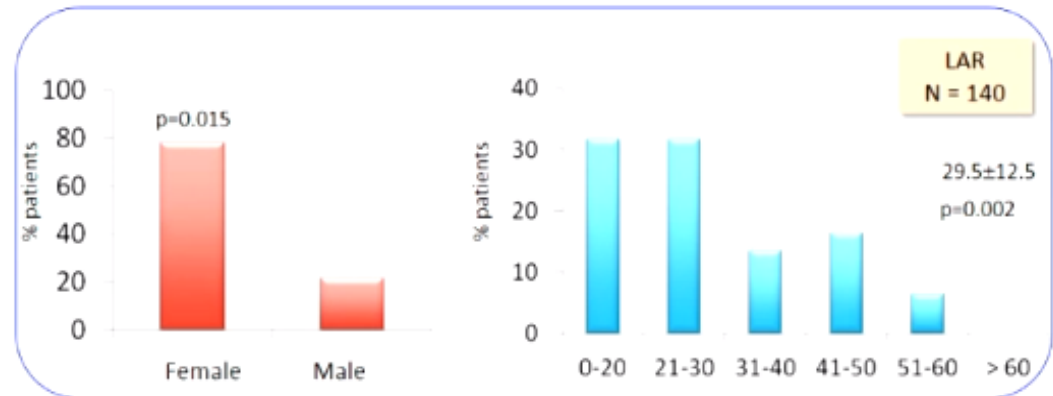
Rondon C, et al. J Allergy Clin Immunol. 2012;129(6):1460-7.

LAR: souvent sévère.

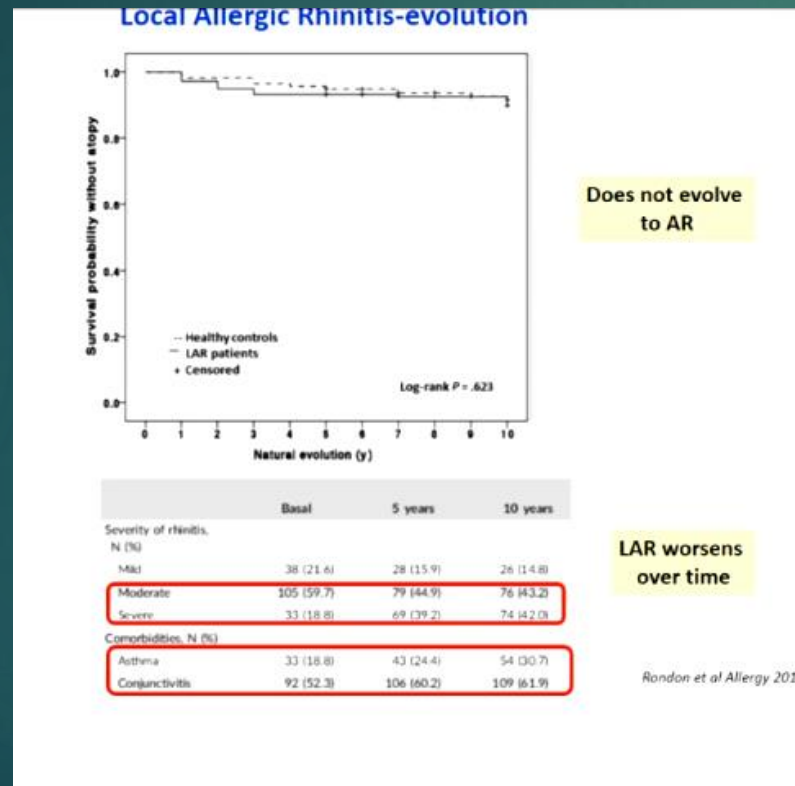
Local Allergic Rhinitis-definition



Local Allergic Rhinitis-burden of the disease

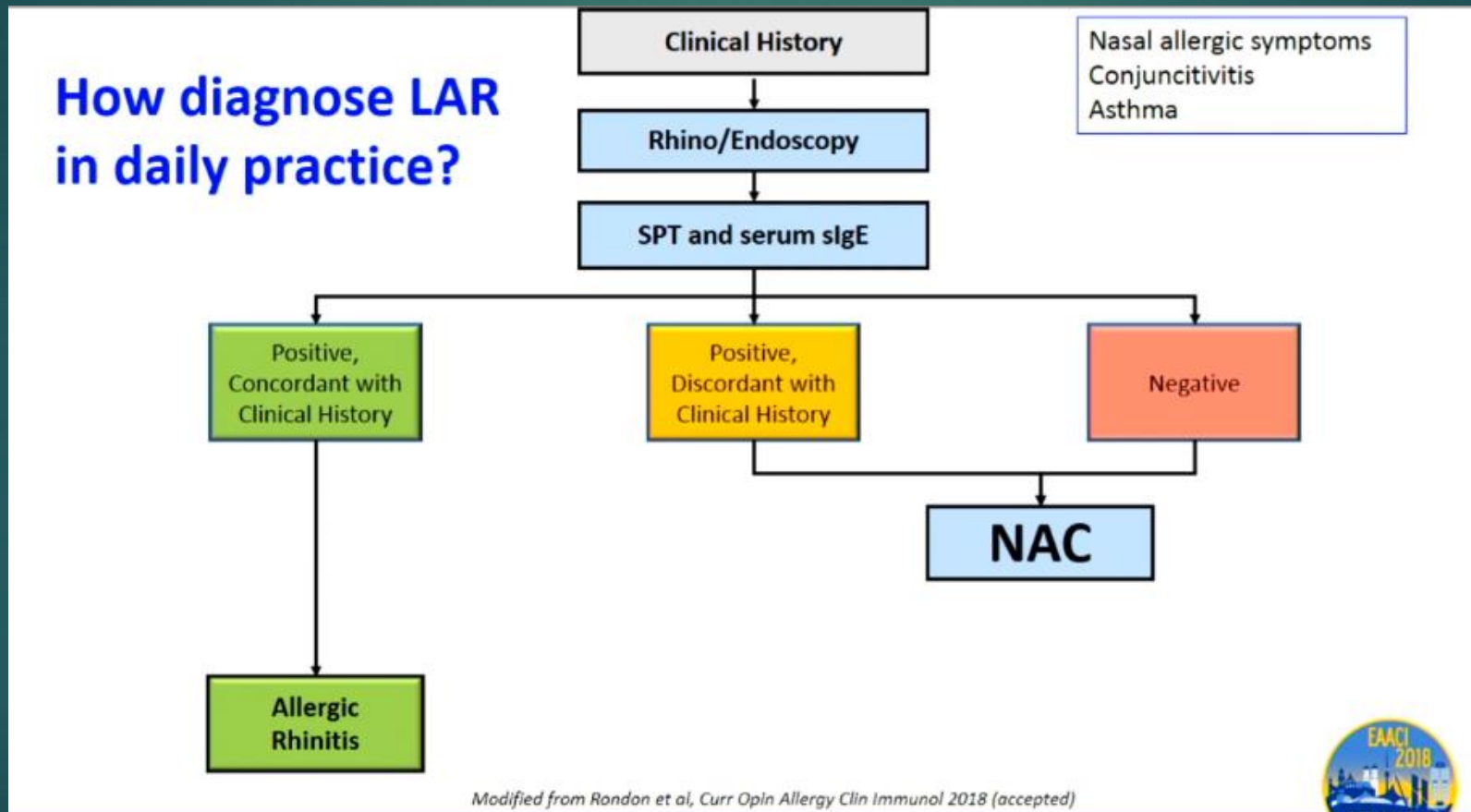


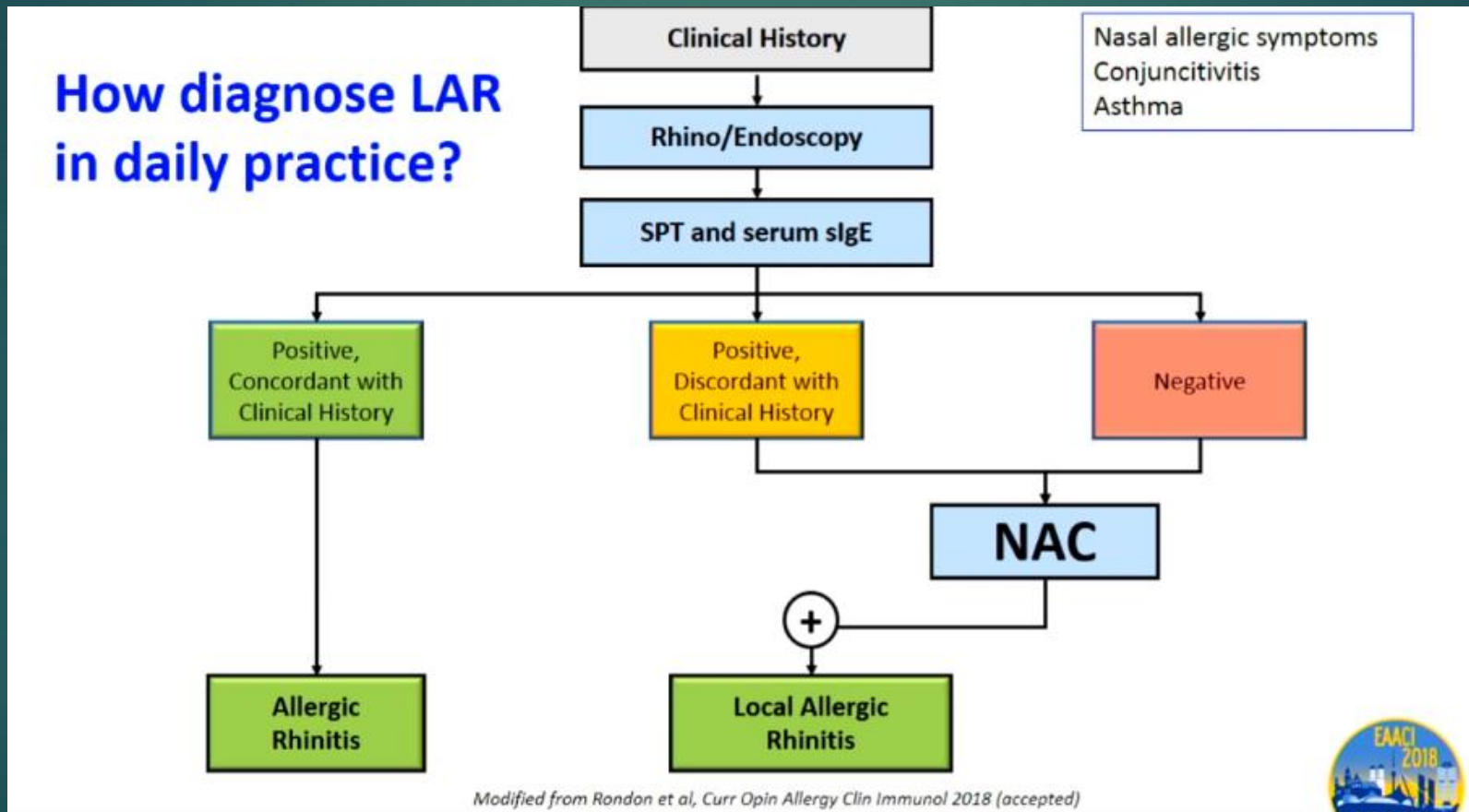
LAR: reste locale et s'aggrave.



► Docteur J-L Degraix, Service Explorations Pavillon U

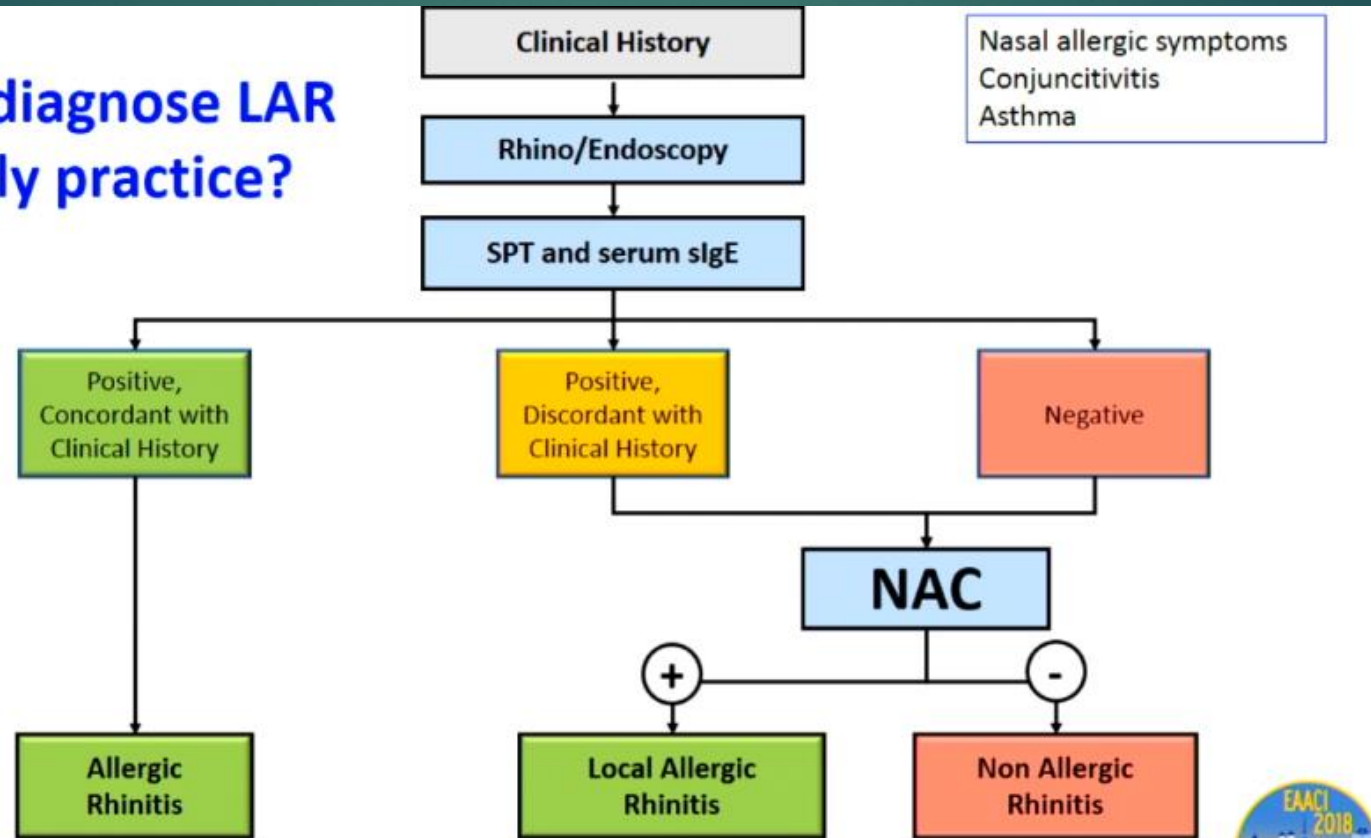
DIAGNOSTIC





DIAGNOSTIC

How diagnose LAR
in daily practice?

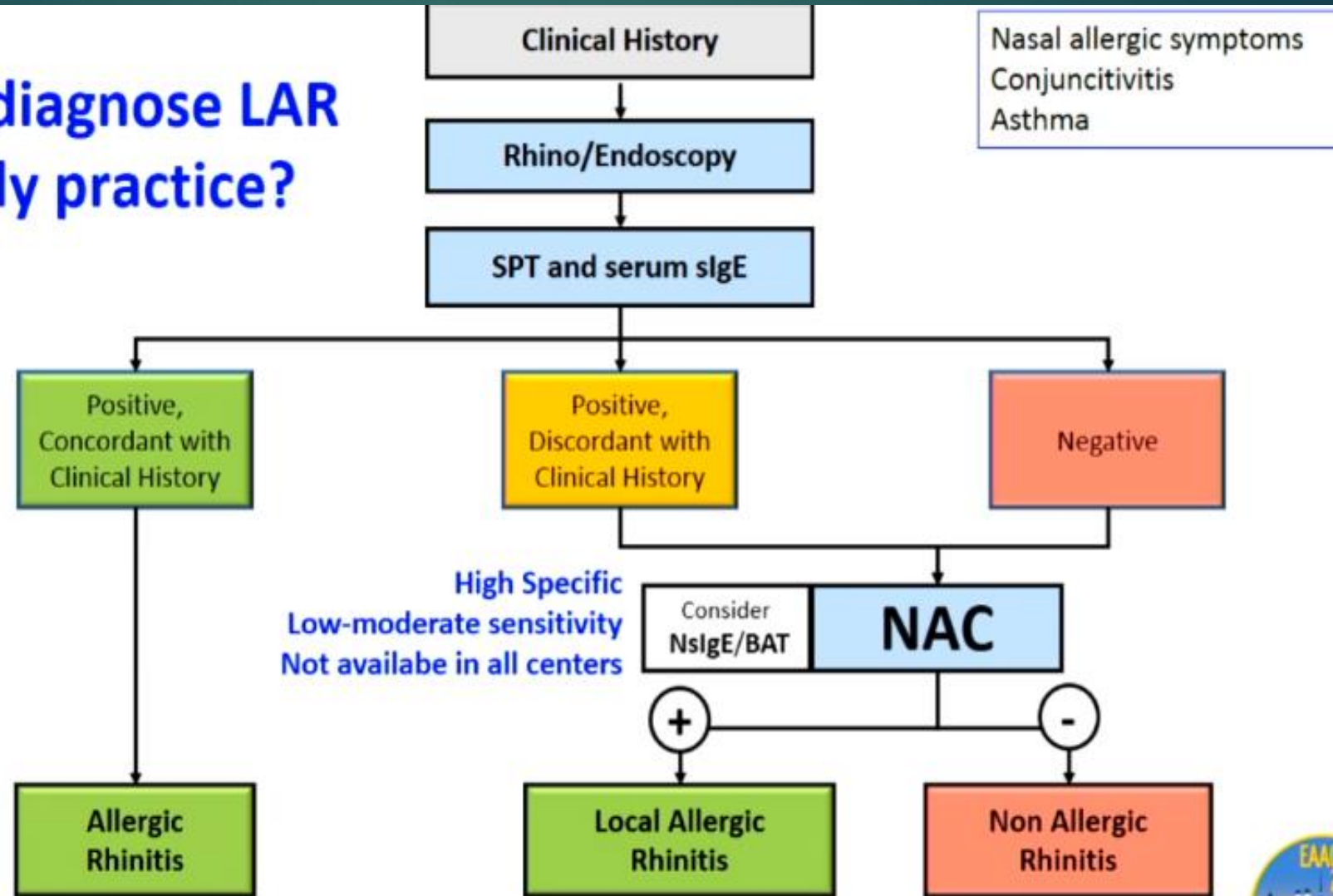


Modified from Rondon et al, Curr Opin Allergy Clin Immunol 2018 (accepted)



DIAGNOSTIC: test de provocation.

How diagnose LAR in daily practice?



Modified from Rondon et al, Curr Opin Allergy Clin Immunol 2018 (accepted)



TEST de PROVOCATION

11

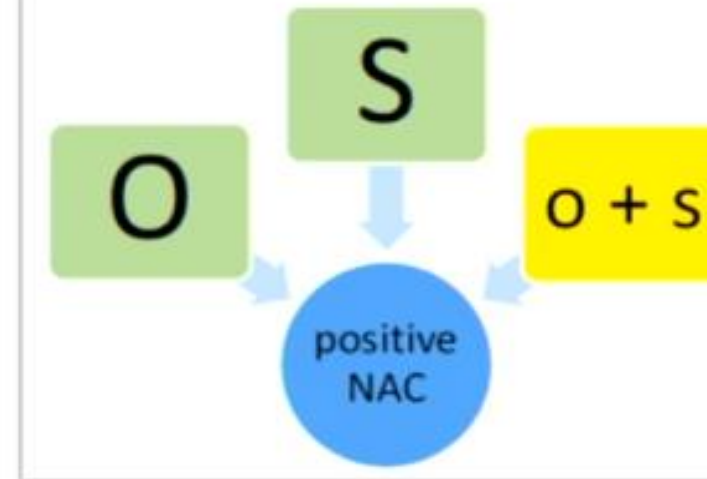
POSITION PAPER

WILEY *Allergy* INTERNATIONAL JOURNAL OF CLINICAL ALLERGY EAACI

EAACI Position paper on the standardization of nasal allergen challenges

Recommendations

- Standardized test solutions
- Bilateral challenge
- Nasal spray
- 2 puff (0.1 mL per nostril)
- Results: Subjective and Objective method
- Observation: 30-60 min after allergen administration.



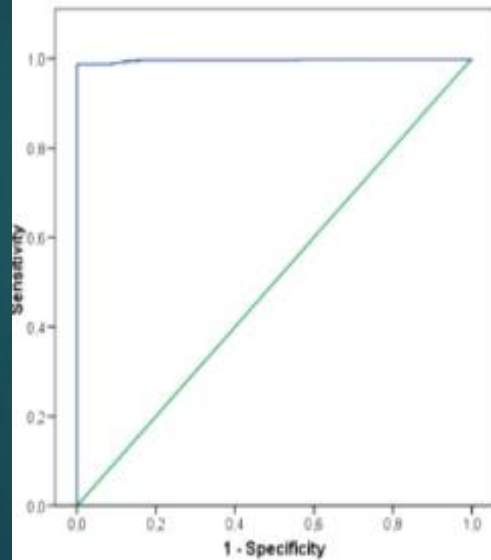
TEST de PROVOCATION

NAC - High Sensitivity & Specificity

New cut-off points

ACOUSTIC RHINOMETRY

↓ Vol 2-6cm $\geq 25\%$

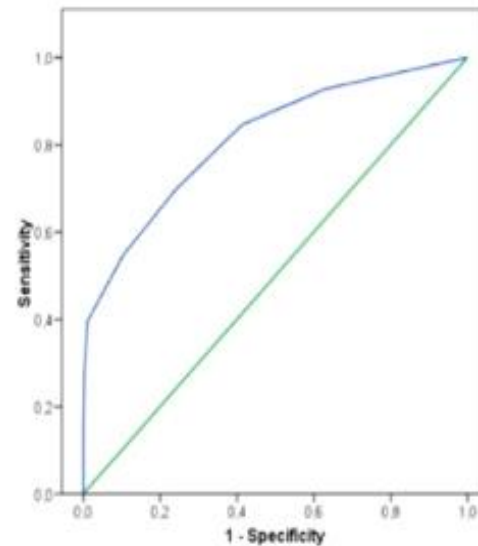


Sensitivity 98.5%
Specificity 100%

AUC: 0.996; $p < 0.001$

SYMPTOMS

↑ Symptom score ≥ 4



Sensitivity 54.6%
Specificity 89.7%

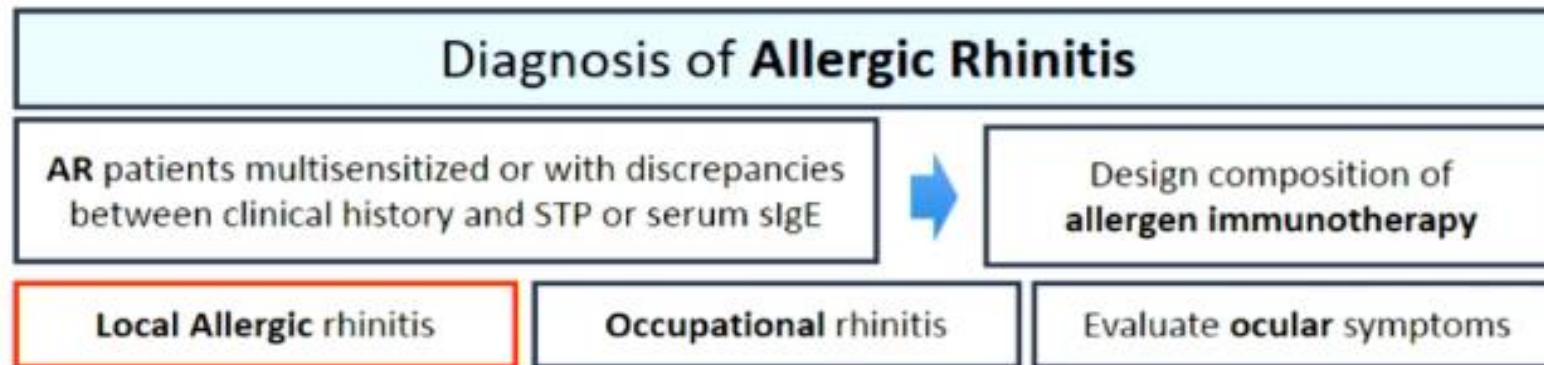
AUC: 0.814 $p < 0.001$

Eguiluz-Gracia, EAACI 2018



EAACI Position paper on the standardization of nasal allergen challenges

Indication of NAC in daily practice



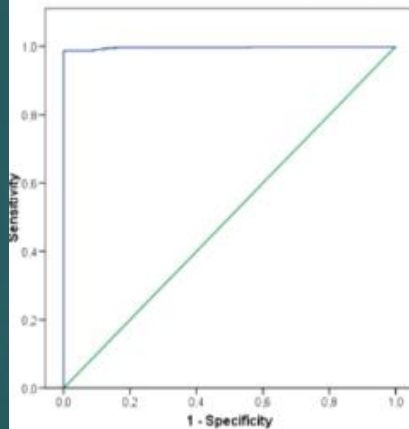
Technique objective ou échelle de symptômes

NAC - High Sensitivity & Specificity

New cut-off points

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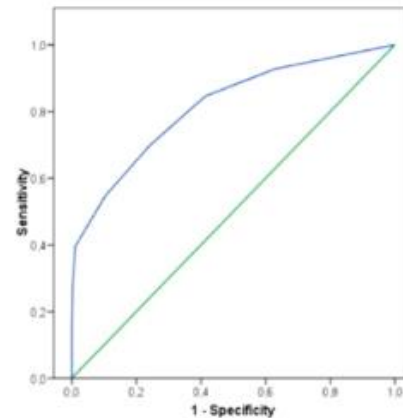


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Eguiluz-Gracia, EAACI 2018



NAC is Easy & Not-Expensive

(Trained nurse under medical supervision)



**Peak Nasal Inspiratory Flow Meter
(PNIF METER) + FACE MASK < 300 €**



**A1 ACOUSTIC RHINOMETRY + LAPTOP
(OPTOMIC®) = 9000 €**



LYOPHILIZED EXTRACT (LETI® S.L.) < 4 € / PATIENT

Durée des explorations

16



Is NAC Time-consuming ?

How many allergens per day ?

Single NAC

One allergen = 105min

4 allergenes = 420 min

Augé, Allergy 2018

Multiple NAC

4-6 allergenes = 125 - 155 min

One allergen = 26 -32 min

Rondón, J Allergy Clin Immunol 2011

Test de provocation nasale: sécurité

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Safety of NAC (n= 12333)

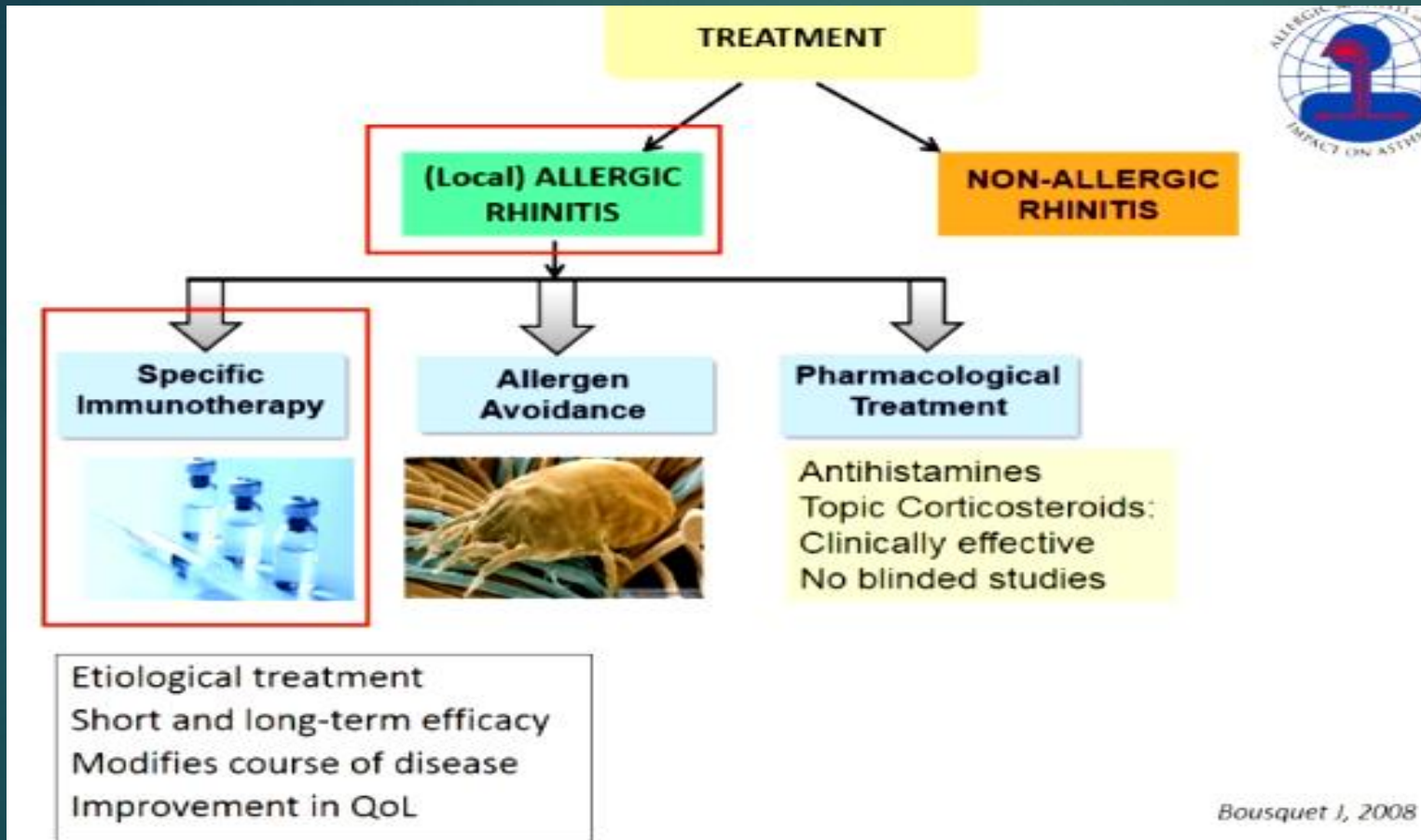
No SAE
4 mild-moderate AE in patients
No AE in healthy controls



No SAE at home
No AE at home
Onset: 1-20 min after NAC
Total restore: 20-30 min

Eguiluz-Gracia, EAACI 2018

Le traitement de la LAR



Le traitement de la LAR.

Efficacy of Grass IT in LAR

Phase II, DBPC trial , Depigoid® 100% Phleum vs placebo

- ❖ *Length of treatment: 24 months*
- ❖ *Intention-to-treat analysis N=56*
- ❖ *2 sites with different allergen load*



Combined Symptom-Medication Score (CdSMS)

Primary Endpoints

- Medication-free Days (MFD)
- Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ)
- Allergen Tolerance (NAPT)
- Serum DP-IgG4
- Adverse events

Secondary Endpoints

Rondon et al, Allergy 2017

Le traitement de la LAR.

Efficacy of Birch IT in LAR

Phase II, DBPC trial , Purethal® 100% Birch vs placebo

- ❖ *Number of patients: 29 patients (1:1 active/placebo)*
- ❖ *Intention-to-treat analysis*



Combined symptom and medication scores (SMSs) over the birch pollen season after 2 years of IT compared with baseline

Primary Endpoints

- Rhinitis Quality of Life Questionnaire
- Reduction of symptom score
- Specific IgG4 against Bet v 1 (serum) at 0,6,12,18 and 24 months
- Specific IgE against Bet v 1 (nasal lavage) at 0,6,12,18 and 24 months
- Adverse events

Secondary Endpoints

Le traitement de la LAR.

Efficacy of specific Immunotherapy (HDM)

Phase II, DBPC trial , Pangramin Plus® 100% DP vs placebo



- ❖ **Lenght of treatment:** 24 months
- ❖ **Number of patients:** 36 patients (1:1 active/placebo)
- ❖ **Evaluations:** Baseline-1M-3M-6M-12M-18M-24M
- ❖ **Intention-to-treat analysis**

Primary Endpoints

- Total daily symptom score (TdSS)
- Total daily medication score (TdMS)
- Combined Symptom-Medication Score (CdSMS)
- Medication-free Days (MFD)

Secondary Endpoints

- Allergen Tolerance (NAPT)
- Serum DP-IgG4
- Adverse events

LA POLYPOSE NASALE: les biothérapies, état de l'art.

- ▶ OMALIZUMAB (XOLAIR), action anti -IgE, pour l'asthme en cas d'IgE spécifiques élevées, amélioration des polypes associés à cet asthme, pas d'indication rhinologique pure.
- ▶ MEPOLIZUMAB et RESLIZUMAB ,action anti IL5, associé au dosage de l'IL 5 dans les sécrétions , permet une diminution des indications chirurgicales rhinologiques.
- ▶ DUPILUMAB(DUPIXENT) ,action sur IL4 et IL13, c'est la biothérapie qui aurait l'action la meilleure sur l'odorat, d'autant plus efficace qu'il existe une hyperéosinophilie, et serait plus active en cas d'intolérance à l'aspirine associée.