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Letters to the Editors

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Long-term effects of allergen-specific subcutaneous immunotherapy for house dust mite induced allergic rhinitis

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Dear Editors,

We read with interest the article titled 'Long-term effects of allergen-specific subcutaneous immunotherapy for house dust mite induced allergic rhinitis', by Sahin *et al.*,[1] in your esteemed journal. This is a well-written article, and we would like to commend the authors on a good effort, as long-term follow up of patients is often so difficult in clinical practice. The article does throw up a few issues though, and we would like to add our views on some of them here.

The study involves the follow up of 20 patients over a 10-year period. We do understand the significant problems encountered in any follow-up study, especially in terms of patient compliance for follow up. However, given the small sample size, we feel the significance of the results should be considered cautiously. As allergic rhinitis is such a common condition, further studies involving a much larger sample size would lend further significance to the results and would definitely help in the shaping of future policies in regard to allergen-specific subcutaneous immunotherapy. Even still, we do laud the authors for a commendable effort.

The fact that subcutaneous immunotherapy is especially efficacious in patients with allergic rhinitis and significantly improves their quality of life has been quite well established in multiple meta-analyses.[2] However, as the authors rightly pointed out, the need for repeated injections and the real risk for serious adverse effects associated with subcutaneous immunotherapy does seem to limit its widespread use. In this context, the future of immunotherapy may belong to sublingual immunotherapy. A study by Wang *et al.*[3] showed a fast onset of action with sublingual immunotherapy in house dust mite induced allergic rhinitis. With an average adherence rate of 75–90 per cent,[4] sublingual immunotherapy appears to be a more attractive choice for future studies regarding the long-term outcomes of immunotherapy.

Apart from sublingual immunotherapy, other routes of immunotherapy administration, such as nasal and oral immunotherapy, need to be explored in greater detail. Fewer adverse effects and better patient compliance may be crucial to allergic rhinitis patients being free of asthma.

References

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Authors' reply

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Dear Editors,

In response to the letter regarding our article titled 'Long-term effects of allergen-specific subcutaneous immunotherapy for house dust mite induced allergic rhinitis', we would like to thank the author for adding these important points.

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We completely agree that an extensive study with more patients and longer follow-up time will be valuable in future studies, and we are preparing another study with longer follow-up periods.

New treatments for allergy are being developed. We also believe that oral and nasal immunotherapy will play a prominent role in the future.

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