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and predictive value to compare them with other reagents and to appreciate their interest.

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Available online September 26, 2005.
doi:10.1016/j.jaci.2005.08.009

Carbapenem cross-reactivity with penicillin

To the Editor:

On page S510 of "The diagnosis and management of anaphylaxis: An updated practice parameter," Lieberman et al¹ state that carbapenems do not cross-react immunologically with penicillin.

Penicillin and carbapenem cross-reactivity has been established on the basis of skin testing.² There are no clinical challenge studies available, but avoidance of carbapenems is usually recommended in patients allergic to penicillin. On the other hand, monobactams have not been shown to be cross-reactive with penicillin.³

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Available online September 28, 2005.
doi:10.1016/j.jaci.2005.06.036

Reply

To the Editor:

We thank Dr Meier for identifying the misleading statement in the practice parameters for anaphylaxis¹ concerning the use of carbapenem antibiotics (imipenem/cilastin, meropenem, or ertapenem) in individuals with a history of penicillin allergy.² Penicillin and carbapenems, in contrast with monobactams, cross-react immunologically, as reported in the reference provided by Dr Meier.³ The package insert for meropenem indicates that hypersensitivity to β -lactam antibiotics is a relative contraindication or caution for its use. Retrospective patient reports have not identified a statistically increased risk of reactions when carbapenems are administered to individuals with a history of penicillin allergy.⁴⁻⁶ These observations have resulted in the suggestion that carbapenems may be reasonable for patients allergic to penicillin. However, caution is advised because immunologic cross-reactivity is documented and a trend for increased allergic reactions to carbapenems in subjects with penicillin allergy has been observed in at least 1 series.⁵

The standard of care would be to use monobactams, if appropriate, or another antibiotic class in a subject with definite penicillin allergy. Cautious use of carbapenems is a consideration, but there is potential risk, as identified by Dr Meier.

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Available online September 28, 2005.
doi:10.1016/j.jaci.2005.06.037