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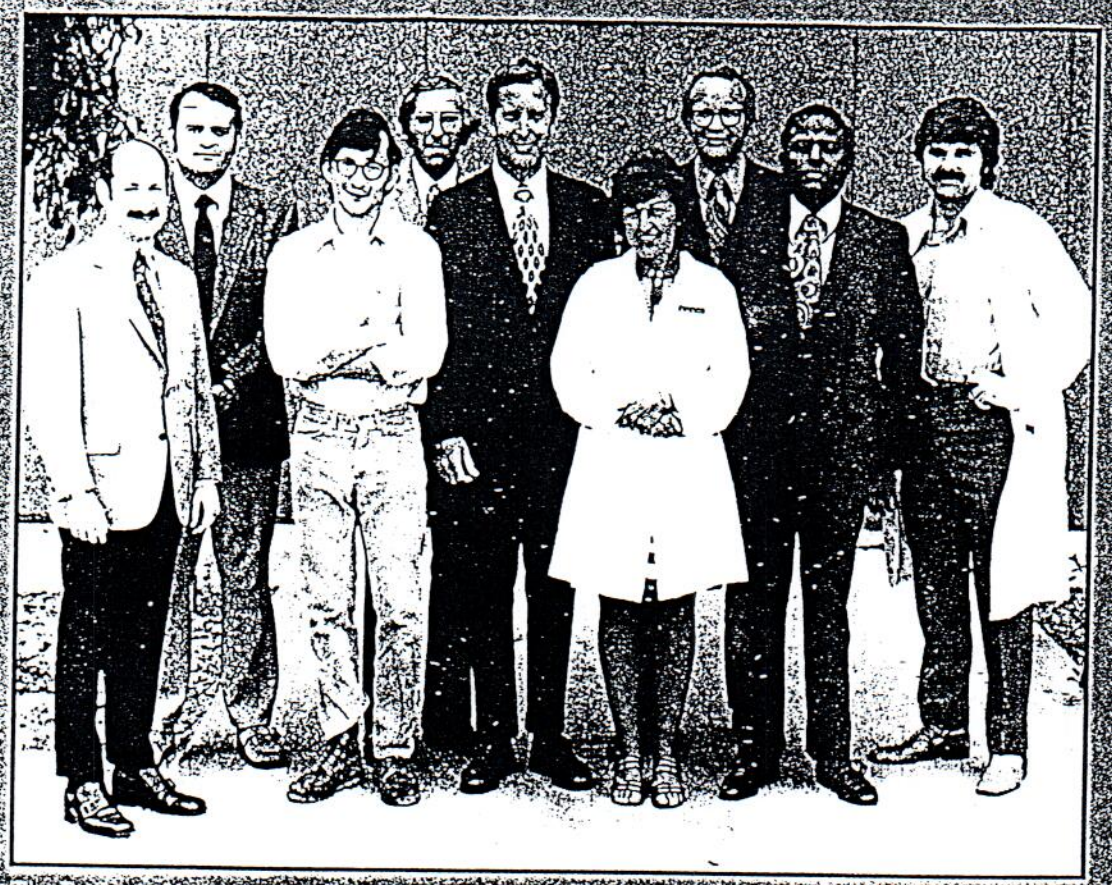
Immunology & Allergy Practice

SUPPLEMENT

ROBERT S. HAMBURGER FESTSCHRIFT & REUNION, JANUARY 24–27, 1990



The Pediatric Immunology and Allergy Division Faculty at the University of California, San Diego, School of Medicine, La Jolla (June 1972): From left to right are: Eli Meltzer, M.D., Assistant Clinical Professor; J. Randall Miller, M.D., Clinical Fellow and Clinical Instructor; Michael Bazaral, Ph.D., Post Doctoral Research Fellow; Louis Mendelson, M.D., Senior Clinical Fellow and Clinical Instructor; Robert S. Hamburger, M.D., Professor and Head, Pediatric Immunology and Allergy Division; H. Alice Orgel, M.D., Ph.D., Research Associate and Assistant Professor; James P. Kemp, M.D., Chief of Clinical Service (1970-1973); Michael Lenoir, M.D., Clinical Fellow and Clinical Instructor; and Michael Slaughter, M.D., Senior Clinical Fellow and Clinical Instructor.

ference between infected and non-infected patients. The deficit in serum IgG, especially IgG1, may contribute to the high rate of infection seen in critically injured children.

Determination of IgG Subclasses in Children With Recurrent Infections

Gustavo J. Bustos, M.D., Cordova, Argentina.

The four IgG subclasses were determined by radial immune diffusion (ICN Immunobiological) in 24 children with recurrent or chronic infections. In eight cases, IgG subclass levels were under the normal range for the age group (>2 S.D.). The mean age for the group was 4 years old (range 2–10 years). Every patient had had at least 3 infections in the last 6 months (sinusitis, pneumonia, otitis, meningitis), and 66% of them required hospitalization because of these infections. From the total of 24 samples, 4 were IgG3 deficient, 3 were IgG2 deficient and 1 had IgG3 and IgG1 deficiency. In every case, except one, total levels were normal. This study shows that in children with recurrent or chronic infections IgG subclass deficiencies are relatively common. The detection of these deficiencies could have therapeutic implications.

Clinical Research in the Office-Based Setting

Robert Ziering, M.D., Escondido, CA.

Performing office-based drug studies is not only intellectually rewarding, but can also provide a service to patients whose disease is inadequately controlled by currently approved medications. The requirements and pitfalls of doing drug studies in the office are discussed.

The newly trained allergist-immunologist choosing to enter a private practice must leave behind the familiarity of academic life. Whether opening a new office or joining an already established practice, a myriad of details that leaves little time for other pursuits must be confronted. Eventually, however, the office-based physician may yearn to include in the daily routine some of the investigative training learned in academia. Structured investigation of new uses of already-marketed medications and products not yet available in this country can be studied in an office setting. With the lack of a variety of treatment modalities for difficult hayfever, hive and/or asthma patients, with a sense of intellectual curiosity, one may eventually want to try something new under appropriately controlled conditions available in a private office setting.

Session I
Conclusions

Discussants: *Seth Asser, M.D., San Diego, CA, John Bastian, M.D., San Diego, CA, and Ray Brady, M.D., Vancouver, WA.*

Session II
Upper Airways

Bruce Berlow, M.D., Chairman

Correlation of Histamine Levels With Nasal Cytology Using Rhinoprobe Mucosal Scrapings

Sandra Gonzalez-Diaz, M.D., Monterrey, Mexico, and Alfredo Jalowayski, Ph.D., San Diego, CA.

Two Rhinoprobe scrapings (RS) were obtained from 11 patients with active allergic or non-allergic rhinitis symptoms and from 6 non-allergic controls. One RS was measured for histamine (H) levels by RIA and total cellular protein (Pr) by ELISA. The other RS was for nasal cytology (NC) to grade neutrophils (N), eosinophils (E) and basophilic cells (B) on a 0–4 scale.

The mean level of H for all patients was not statistically different from the control group. However, H levels correlated significantly with the presence of B ($r = .84$, $p<0.01$), but not with the presence of N or E

in NC specimens. Patients with B in NC had a significantly higher mean H level in contrast to RS without B (75.3 vs. 1.9 pcg/mcg Pr, $p<0.01$). This study shows that H levels can be accurately measured from RS and correlate significantly with the presence of B in NC specimens.

Upper Airway Obstruction in Children and its Influence on Orofacial Development, Middle Ear and Sinus Disease

Gary Incaudo, M.D., Chico, CA.

There is a growing body of evidence emphasizing the importance of a patent pediatric upper airway in maintaining normal oro-facial development and minimizing the occurrence and sequelae of middle ear and sinus disease. Current data suggests that the dynamic forces of nasal vs. mouth breathing and genetics combined determine facial and possibly dental morphology. Pediatric nasal obstruction (PNO), especially on an allergic basis, is frequently associated with middle ear disease (COME), sinusitis, and suggestes a poor prognosis. However, how the treatment of PNO influences the ultimate outcome of COME and sinusitis has yet to be fully defined. Physicians need to place more emphasis on maintaining a patent upper airway in the developing child.

Nasal Endoscopy in the Office

Antonio Sacre, M.D., Cordoba, Mexico.

This presentation documents the results of 100 consecutive nasal endoscopies performed in a private practice office on patients with stridor, various types of obstruction, hoarseness, and intractable asthma.

Nasal endoscopy, with appropriate training, is a safe and effective procedure for use in the office.

Pentigetide: Efficacy in Patients With Allergic Rhinitis

Bruce Prenner, M.D., San Diego, CA.

Pentigetide, a synthetic peptide derived from human IgE, was compared to placebo in a double-blind, randomized, clinical trial involving 197 symptomatic allergic rhinitis patients. Pentigetide was administered subcutaneously, 20 mg twice weekly, for six weeks to 138 patients, while 59 patients received placebo injections. Efficacy determinations were based on physician evaluation of improvement in frequency and severity of nine allergic symptoms from baseline to outtake; physician and patient overall assessment of response to therapy; and evaluation of patient daily diary data. Safety evaluations were based on frequency of adverse effects and on baseline and final visit laboratory values.

Based on the efficacy measures employed, pentigetide consistently demonstrated clinically and statistically significant superiority when compared to placebo treatment. Pentigetide showed excellent clinical improvement in the primary symptoms of allergic rhinitis—rhinorrhea, sneezing and congestion. Pentigetide was well tolerated and produced adverse effects no different than those observed with placebo injection.

Recently a study of Pentigetide administered as a nasal spray was completed. Results showed this preparation was equal or superior to the injectable Pentigetide in every parameter of safety and efficacy. This safe, effective and unique new chemical entity should prove useful in the treatment of allergic diseases.

Session II
Conclusions

Discussants: *Gary Cohen, M.D., San Diego, CA, Gary Hahn, M.D., San Diego, CA, and James Seltzer, M.D., San Diego, CA.*

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