LETTER TO THE EDITOR

Iran J Allergy Asthma Immunol August 2014; 13(4):296-297.

Esomeprazole: a Safe Alternative to Lansoprazole Allergy?

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Received: 19 September 2013; Received in revised form: 10 November 2013; Accepted: 17 November 2013

Keywords: Allergic reactions; Esomeprazole; Lansoprazole allergy; Proton pump inhibitors

Proton pump inhibitors (PPIs) are widely prescribed drugs in daily practice. Allergic reactions, even small number of anaphylactic reactions to PPIs have been reported. Omeprazole, lansoprazole, pantoprazole, rapeprazol and esomeprazole are classified in the same group. Despite the similarity of biochemical structures among these drugs, presence of cross-reactivity between PPIs is controversial.^{1,2} In this letter, we present 3 lansoprazole allergy cases, who were prescribed and took esomeprazole safely after allergic reactions to lansoprazole.

Case 1Was a 39-year-old female, who was prescribed lansoprazole capsule for heartburn, and was admitted to our Immunulogy and Allergology Clinic with allergic reactions. Shortly after ingesting 30 mg lansoprazole capsule, the complaints of body redness and itching started. In her medical history, lansoprazole capsule was prescribed 3 times previously and each time after taking the lansoprozole capsule; urticaria, angioedema and shortness of breath occurred and the patient was referred to emergency department. Skin prick test (SPT) with lansoprazole capsule was performed. Erythema and 4x5 cm diameter edematous reaction were observed. SPT with esomeprazole tablet was negative.

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The patient was still using esomeprazole tablets without any side effects at the time of study

Case 2 was a 60-year-old female patient, who was taking 30 mg lansoprazole capsule because of dyspeptic complaints, and was referred to our Immunulogy and Allergology Clinic. The patient described urticaria and angioedema accompanying shortness of palpitations, and feeling faint after taking lansoprazole. **SPT** positive for lansoprozole. Gastroenterology Department decided for continuation of PPI therapy due to gastroesophageal reflux disease. SPT and oral provocation test (OPT) were performed with esomeprazole tablet and no allergic reaction was observed, then the patient was prescribed esomeprazole tablet. The patient was still taking esomeprazole without any side effects at the time of study.

Case 3 was a 35-year-old male patient, who was prescribed amoxicillin, clarithromycin and lansoprazole because of Helicobacter Pylori (HP) eradication, and was admitted to our Immunulogy and Allergology Clinic. Following the first dose of the triple therapy, common body itching, swelling of the lips and eyes, palpitations and obsession feeling in throat were started in 10 minutes. In skin test for lansoprazole capsule, erythema accompanied by 3x4 mm edematous reaction was observed. No reaction was observed in OPT for amoxicillin and clarithromycin. With these findings, lansoprazole allergy was diagnosed. OPT esomeprazole tablet was performed and no reaction was observed. Eradication therapy with esomeprazole tablet

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containing antibiotic combination was started and then HP was eradicated successfully.

In conclusion, before changing a type of PPI to another one, performing OPT and/or SPT can be a safe and logical approach.^{3,4} Esomeprazole may be a good and safe alternative in patients with lansoprazole allergy.

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