Drug points: Anaphylactic-like reaction associated with oral budesonide

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quantity of paracetamol ingested was reduced; this measure is often unreliable, but in this study it was associated with a reduction in paracetamol concentration at 4-6 hours and decreased use of antidote. Early administration of the antidote was probably the reason why tests of liver function revealed no changes after the introduction of smaller packets. Unlike Prince et al., we found no reduction in the number of severe paracetamol overdoses; the only benefit we noted was a reduction in costs because fewer antidotes were given and there were fewer hospital admissions.

As in other studies on the impact of reducing the availability of paracetamol, a cause and effect relationship could not be identified. A number of factors—notably a change in medical practice and case mix—could have influenced the results. Although necessarily retrospective, this study has a number of strengths that make it more likely that the findings represent a change in overdose behaviour: there was a single observer, almost all cases of poisoning were identified, there was a time lag of three months between the date of law change and the second study period, and relatively objective measures were compared (number of admissions, paracetamol concentration, and use of antidote).

We conclude that measures to restrict the availability of paracetamol have reduced the amount taken in single overdoses but not the incidence of severe liver failure.

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### Drug points

**Anaphylactic-like reaction associated with oral budesonide**

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Corticosteroids have antiallergic properties, which should reduce the likelihood of anaphylactic-like reactions. We describe a patient with an anaphylactic-like reaction associated with oral budesonide and apparent crossreactivity with mesalazine.

In 1995 a 29 year old woman with Crohn’s disease started taking oral mesalazine (1 g three times daily) after ileocaecal resection. Within 48 hours her tongue and throat swelled but returned to normal after the mesalazine was withdrawn. We evaluated her reaction to oral mesalazine (Pentasa, Yamanouchi Pharma; Asacol, Byk Nederland; and generic mesalazine prepared in the outpatient setting. Within 30 minutes of exposure to each product, her tongue, buccal mucosa, and lips became swollen. Challenges with other drugs containing the same molecules are able to cause anaphylactic-like reactions. Our report shows that anaphylactic-like reactions may also occur with oral budesonide and that crossreactivity may occur with mesalazine. Interestingly, sensitivity to aspirin, which is structurally related to mesalazine, has been postulated as a risk factor for anaphylaxis to steroids.

The Dutch Medicines Evaluation Board and the manufacturer of budesonide, AstraZeneca, were informed. The manufacturer stated that allergic reactions to corticosteroids are more common than generally assumed and might be easily overlooked by clinicians.

Competing interests: None declared.