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# Symposium "Recent progress in the treatment of nasal allergy"

## INTRODUCTION

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First of all, I wish to give a short introduction. The terminology and definition which are used to indicate nasal allergy vary. In this discussion nasal allergy is defined as a synonym of allergic rhinitis or atopic rhinitis, and includes pollinosis such as seasonal nasal allergy.

Nasal allergy refers to a clinical syndrome consisting of rhinorrhea, sneezing and nasal blockage. Nasal mucosa is pale and swollen. Nasal smears taken from these patients often reveal eosinophils. An IgE mechanism can be found in these patients by either skin testing, nasal provocation, RIST or RAST.

This disease is also characterized by a therapeutic response to a variety of drugs, including anti-histamines, decongestants, cromoglycate, and topical and systemic steroids. Immunotherapy can be effective if certain specific allergens can be identified.

In spite of the fact that specific immunotherapy has a history of 71 years, the method and its results are still controversial. In my opinion the success of this treatment depends on the following important factors: first, an adequate selection of purified allergen extracts and secondly, the initial and cumulative dosages which have to be given and thirdly, the maintenance of injecting must be continued for a long time. Dr. Nalebuff, Chief of the Department of Clinical Immunology, Holy Name Hospital, Teaneck, U.S.A., has introduced his special method, i.e. the modified radioallergosorbent test, and succeeded in obtaining satisfactory results.

In order to improve this therapy local application of allergen extracts was introduced. This method is based on the particular concept of a local immunity of the IgA system, and it is expected that a larger amount of blocking antibodies will be produced in the nose. Professor Johansson, Department of Clinical Immunology, Karolinska Institute, Stockholm, will discuss this treatment.

The present-day progress in the treatment of nasal allergy will depend on the development of new anti-allergic drugs. For about 40 years anti-histamines have

been widely used for nasal allergy, but their usage is still not completely satisfactory. This is due to their side effects and the unsatisfactory effect on the nasal symptoms. A new drug with minimal side effects is now studied in a clinical trial. In addition to anti-histamines, cromoglycate (although not quite new) is now widely used because of its excellent efficacy and its minimal side effect, and this is due to a particular mode of action, i.e. mast cell stabilizing effect. Many new mast cell stabilizing agents are being developed. Dr. Van Cauwenberge, lecturer of the University of Gent, will talk about this subject.

Corticosteroids are undoubtedly potent drugs for nasal allergy, but their clinical usage is limited due to general side effects. In order to overcome this disadvantage new corticosteroids for local usage such as beclomethasone dipropionate, flunisolide and budesonide have been developed and are available. Dr. Wihl, Malmö General Hospital, will talk about these intranasal steroids. Finally, associate professor Saito, Tokyo Medical Dental College, will discuss the present-day treatment of nasal allergy in the introduction. He will conclude this symposium by discussing the future treatment of nasal allergy.