

PSEUDOALERGIJSKE REAKCIJE U RESPIRATORNOM TRAKTU
PSEUDOALLERGIC REACTIONS IN RESPIRATORY SYSTEM

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Sažetak:

Pod pseudoalergijskim reakcijama podrazumevamo (PAR) reakcije koje nalikuju alergijskima, i u kojima imunološki aparat nije aktiviran reakcijom antigen (alergen-)-antitelo. Acetilsalicilna kiselina (ASA) i drugi nesteroidni antireumatici ili nesteroidni protivupalni lekovi (NSAIDs, engl. *non steroid antiinflammatory drugs*), inhibišu enzim cikloosigeneazu u ciljnom tkivu bolesnika koji su preosetljivi na ove lekove. Pri tome dolazi do povećane sinteze tzv. sulfidoeukotrijena (sLT), koji kod takvih ljudi uzrokuju bronhospazam. Premda patofiziološki mehanizam nije do kraja objašnjen, poznato je da kod 5-20% bolesnika s astmom uzimanje ASA/NSAIDs izaziva astmatični napad. Kod ovih je bolesnika vrlo često prisutan tzv. aspirinski trijas (astma, rinosinusitis s nosnom polipozom i preosetljivost na aspirin). Uz nuspojave u respiratornom traktu u slučajevima preosetljivosti javljaju se i promene na koži kao urtikarija, ali i teže nuspojave u obliku pseudoanafilaktičnog šoka.

Paracetamol najslabije inhibiše cikloosigeneazu, pa se može davati bez većeg rizika onima koji navode podatke o preosetljivosti na antireumatike. Preosetljivost na nesteroidne antireumatike zavisna je o dozi leka, te je ispitanici ouavaju ponekad tek uzimanjem većih doza. Uticaj boje tartrazina u "kozmetici", hrani, pićima i lekovima, kao i aditiva i konzervansa manji je nego što se misli, a zbog toga što se radi o relativno malim koncentracijama.

Ključne reči: pseudoalergijske reakcije, acetilsalicilna kiselina, nesteroidni antireumatici, cikloosigeneaza, leukotrijeni, "aspirinska astma".

Summary

Pseudoallergic reactions (PAR) implicitly include reactions that are similar to the allergic ones, but immunologic apparatus is not activated antigen (allergen) by – antibody reaction. Aspirin (ASA) and other nonsteroid antirheumatics (NSAIDs, *on steroid antiinflammatory drugs*) inhibit enzyme cyclooxygenase in the target tissue of the patients, hypersensitive to the drugs. Then it comes to the increased synthesis of the so called sulphidoleukotrienes (sLT) that in such persons are causing bronchospasm. Although pathophysiologic mechanisms is not completely explained, it is known that in 5-20% of asthmatics, administering ASA NSAIDs is causing asthmatic attack. In these patients, the so called aspirin trias (asthma, rhinosinitis with nasal polyposis and hypersensitivity to aspirin) is present. In cases of hypersensitivity, beside side-effects in respiratory system, skin changes such as urticaria, or more difficult side-effects in a form of pseudoanaphylactic shock are occurring.

Paracetamol is most weakly inhibiting cyclooxygenase, and can be administered without any risk to those ones, hypersensitiv to antirheumatics. Hypersensitivity to nonsteroid antirheumatics depends upon the dosis of the drug, and is sometimes discovered in administering of greater doses. The influence of tartrazine dye in "cosmetics", food, beverages and drugs, as well as additives

respectively conservancy agents is less than it is considered, because of relatively small concentrations.

Key words: pseudoallergic reactions, aspirin, nonsteroid antirheumatics, cyclooxygenase, leukotrienes, aspirin asthma