



Review

[Terms and Conditions](#) [Privacy statement](#) [Information for advertisers](#) [Jobs at BMC](#) [Contact us](#)

Open Access

© 1999-2010 BioMed Central Ltd unless otherwise stated. Part of Springer Science+Business Media.

Specific immunotherapy by the sublingual route for respiratory allergy

Cristoforo Incorvaia , Simonetta Masieri , Patrizia Berto , Silvia Scurati  and Franco Frati *Allergy, Asthma & Clinical Immunology* 2010, **6**:29 doi:10.1186/1710-1492-6-29

Published: 9 November 2010

Abstract (provisional)

Specific immunotherapy is the only treatment able to act on the causes and not only on the symptoms of respiratory allergy. Sublingual immunotherapy (SLIT) was introduced as an option to subcutaneous immunotherapy (SCIT), the clinical effectiveness of which is partly counterbalanced by the issue of adverse systemic reactions, which occur at a frequency of about 0.2% of injections and 2-5% of the patients and may also be life-threatening. A large number of trials, globally evaluated by several meta-analyses, demonstrated that SLIT is an effective and safe treatment for allergic rhinitis and allergic asthma, severe reactions being extremely rare. The application of SLIT is favored by a good compliance, higher than that reported for SCIT, in which the injections are a major factor for noncompliance because of inconvenience, and by its cost-effectiveness. In fact, a number of studies showed that SLIT may be very beneficial to the healthcare system, especially when its effectiveness persists after treatment withdrawal because of the induced immunologic changes.

The complete article is available as a [provisional PDF](#). The fully formatted PDF and HTML versions are in production.

Allergy, Asthma & Clinical
Immunology
Volume 6

Viewing options:

Abstract (KB)

Associated material:

PubMed records 

Related literature:


Article titles by subject

Tools: PubMed Central

PubMed link(s)

on PubMed

Post to:

 Facebook Twitter LinkedIn Mendeley BibScribe Print