Physicians are trained to look for infectious agents and to consider autoimmunity and autoinflammatory disorders, and even rare genetic disorders or paraneoplastic diseases, but are not well prepared to face the fact that drugs given in the best intent to cure or ameliorate diseases and their symptoms may actually be responsible for a new disease suddenly or slowly appearing.

Drug hypersensitivity reactions are embarrassing diseases—not very popular with doctors, the pharmaceutical industry, and others. They are important causes of morbidity and even mortality, however. Moreover, they are the big imitators of diseases, having taken over this role from syphilis, thus causing a lot of confusion in daily clinical medicine. The clinical picture of drug hypersensitivity reactions is far more diverse than most imagine and goes beyond the usual rashes so often encountered in daily clinical practice. Drug hypersensitivity can affect all organ systems: often the skin is involved, but also liver, kidney, lung, and other organs can participate in these systemic immune reactions. If an enigmatic clinical picture is encountered, not fitting well in the usual concepts, always consider a drug hypersensitivity reaction in the differential diagnosis.

The area of drug hypersensitivity has been widely neglected not least because it is a complex area. Pathophysiologic concepts for these reactions were insufficient or lacking and the diseases were difficult to study. In spite of these obstacles, research went on and revealed some interesting and highly relevant practical facts: certain drug hypersensitivity diseases show the highest genetic associations ever found, and abacavir-induced or carbamazepine-induced hypersensitivity reactions can be avoided by prior genotyping for HLA-B alleles. Thus, this somewhat embarrassing area of medicine is now in the forefront of personalized medicine—and the knowledge gained has enormous practical consequences.

This issue tries to reduce the respect/fear of these strange reactions by updating readers on new pathophysiologic concepts and by proposing a rather practical approach to these hypersensitivity reactions; some new concepts of drug hypersensitivity reactions are presented, which may facilitate understanding of the clinical picture and help prevent these disorders. The starting symptoms and danger signs of drug hypersensitivity reactions are updated.
hypersensitivity reactions are discussed, and the clinical picture of severe and imme-
diate and also delayed-appearing reactions is described in more detail. Emphasis is
also put on side effects encountered with drugs widely used in internal medicine—
such as hypersensitivity reactions to biologicals, anticoagulants, and cytostatic drugs,
and the frequent reactions to nonsteroidal anti-inflammatory drugs.

I am aware that we are still at the beginning of a better understanding of drug hyper-
sensitivity reactions. Nevertheless, the knowledge already gained over the past 20
years is enormous and needs to be spread in the medical community to better recog-
nize and avoid these iatrogenic diseases.

I thank the authors for their contributions and for their long-standing interest in this
area of medicine. Let us hope that this issue will contribute to better acceptance of this
difficult area of medicine and thus may help to prevent some severe or fatal conse-
quences of these iatrogenic diseases.

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