

Long-Term Omalizumab Use, Chronic Spontaneous Urticaria and COVID-19

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Dear Editor,

I have read the article titled ‘Long-term omalizumab therapy in patients with chronic spontaneous urticaria: Does it increase the risk of COVID-19?’ by Kaya et al with great interest [1]. However, there are a few points raised in my mind about the study. These are as follows:

Although this article mentions the results of its study, it is a major deficiency that its results are not discussed in the light of the recent literature. For instance: COVID-19 can rarely exacerbate CSU, even if it was not seen in this study. Omalizumab (OMZ) is generally accepted as safe in adult chronic spontaneous urticaria (CSU) and can be continued without interruption [2]. Most studies have not found an association between OMZ and COVID-19 [3]. Therefore it is impossible to follow the recommendations proposed in the conclusion. Also, 4/51 patients (1 inactive, 3 mRNA) experienced a CSU flare after vaccination. However, the authors did not discuss why exacerbations occurred after the first dose and why they were more common with mRNA vaccines [4].

There are some contradictory explanations and comments [1]. After mentioning that OMZ is an antiviral, it is supposed that it increases the SARS-CoV-2 infection

incidence by facilitating intracellular entry through increased ACE-2 expression [1]. But would not greater ACE-2 expression also increase the severity? [5] COVID-19 cases had a mild course and did not cause exacerbation in CSU. It may also not be a correct approach to attribute the return of interrupted OMZ treatment in risky groups to the return of eosinophil count to pretreatment values [1]. Because it is not known whether the decrease in eosinophil count in patients on OMZ is due to COVID-19 or OMZ.

Although it is said that ‘none of the other 56 patients had a history of COVID-19 before or during OMZ treatment.’, how long were they followed up after OMZ stopped? Because OMZ treatment was longer in those who had COVID-19 than in those who did not [1]. Might OMZ treatment predispose to SARS-CoV-2 infection, especially even after the end of long-term use? Therefore, it may be important to answer this question.

There are errors in some expressions such as COVID-19 infection. COVID-19 is the name of the disease. The statement of ‘the second pulmonary phase’ is wrong. Pulmonary phase is the second phase of COVID-19. In Table 1, after ‘Number of patients’, N is not meaningless there. N should have been used always as a capital letter, not lowercase (n).

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