be stopped because of side-effects. However, due to a slowly progressive thyroid gland tumour long-term low dose interferon treatment with 3 miu 3 times a week was started, which was well tolerated.

The 15 year follow-up shows the clinical course of the rare extranodal Rosai–Dorfman syndrome that progressed under immunosuppressive and cytostatic therapy. High dose interferon treatment resulted in longlasting complete remissions, but was accompanied by severe side-effects. To conclude, interferon-α may be a therapeutical strategy in progressive Rosai–Dorfman syndrome presenting with clinical or histological signs of malignancy.

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Anaphylactic Reaction after a First Filgrastim (Granulocyte-colony Stimulating Factor) Injection

L. Batel-Copel, H. Mommeja-Marin, S. Oudard, L. Chauvenet, E. Pujade-Lauraine, J. Coupier and A. Bernadou

Department of Oncology of Hotel-Dieu de Paris, 1 place du parvis de Notre-Dame, 75004 Paris, France

WE REPORT the first case of anaphylactic reaction after a first dose of filgrastim (Neupogen®, Amgen, Bâle, Switzerland). A 55-year-old female patient was admitted to Hôtel-Dieu Hospital in March 1995, for the treatment of an unknown primary adenocarcinoma. She had no particular previous history except an urticarian eruption after rifampicin and a generalised eruption after azithromycin. She received a regimen of cisplatin, etoposide and ifosfamide associated with Mesna for 3 consecutive days.

Concurrent medications were ondansetron, dexamethasone, clorazepam, alprazolam and zopiclone. To prevent neutropenia, the patient received a single intravenous filgrastim injection (300 μg) on day 4, and 5 min later, developed breathlessness with tachycardia and hypotension (70–0 mmHg), acute bronchospasm, diarrhoea and a vomiting episode. This life-threatening accident was resolved after injection of epinephrine, methylprednisone, salbutamol and macromolecular infusion. Because the reintroduction of all other concurrent therapeutics except filgrastim did not produce any allergic reaction, and according to the chronology, we believe that filgrastim had a causal role.

Allergic reaction with anaphylactic shock after a reinjection with granulocyte-colony stimulating factor has been described [1]. However, we were surprised that this reaction occurred after the first administration of the drug in this case, and may be explained if the causal agent was an excipient previously received by the patient. Filgrastim is contraindicated in patients with known hypersensitivity reactions to products derived from *Escherichia coli*, but this patient did not receive prior biological agents.

In allergic patients, filgrastim should be administered under medical care.

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Correspondence to L. Batel-Copel.
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