


Immunotherapy in Latin America. From the past to the future [Inmunoterapia en América Latina. Del pasado al futuro]

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Resumen

In Latin America, allergic diseases have a very high prevalence, comparable to that of many other countries of the world, and that prevalence is constantly increasing. Within the region, the number of allergy specialists is quite high, although allergy is not recognized as a full specialty in all countries. Specific immunotherapy is the only available allergen-oriented immunomodulator, capable of improving symptoms and modifying the natural course of the disease, and therefore it represents a powerful therapeutic tool for specialists. During the last 20 years, the practice of immunotherapy in Latin America has much improved, especially because of the intensive educational effort, the widespread divulgation of the international guidelines and the adoption of the paradigm of the evidencebased medicine. In this regard, indications, contraindications, and limits of immunotherapy, are currently well acknowledged. In Latin America, immunotherapy is properly prescribed for inhalant allergens and hymenoptera venom by allergy specialists, although some non-evidence based forms of immunotherapy (e.g. bacterial extracts, treatment of atopic dermatitis) are still occasionally practiced. Sublingual immunotherapy is now accepted as a viable alternative to the traditional subcutaneous administration, and it begins to be proposed and studied also in some Latin American countries. Some debate remains on the use of immunotherapy for one or few versus multiple allergens, and also the availability of standardized extracts is not uniform. Finally, this therapeutic modality is not always given for free to low income patients such is the case in some countries and the different modalities of reimbursement among countries often represent a limit to the use of this treatment. Much has been done in improving the use of immunotherapy in Latin America. The main challenges and objectives for the near future are greater diffusion of the evidence-based medicine, a better standardization of extracts and procedures, and the achievement of the availability of immunotherapy for a greater number of subjects.

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