



A case report of a controversial application of live-sting challenge in a patient with suspected double venom hypersensitivity

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Case description

A 55-year-old patient was referred to our tertiary allergy centre for continuation of bee venom immunotherapy, initiated 1,5 years ago. 3 years earlier, after being stung by an unidentified insect, the patient developed severe generalized urticaria, dyspnea, weakness, and nausea. She was treated by an emergency medicine team with intramuscular epinephrine, leading to full recovery. She has never been stung since, nor experienced another episode of anaphylaxis.

The initial diagnostic workup included skin tests with bee and wasp venom- both positive at a concentration of 0,0001 ug and 0,001 ug, respectively.

As molecular diagnostics came back negative for all extracts and components, attending physician decided to perform a live sting challenge to decide on the further course of treatment. Wasp sting challenge resulted in local reactions (14/50mm), feeling of tongue and lip numbness. No objective symptoms of a systemic reaction were observed. Additional challenge with a bee sting was performed. Local reaction (9/50mm) was visible. The patient reported symptoms of sleepiness, general weakness, metallic taste and numbness of the lips. Following both challenges the tryptase level was within limits.

Despite the suspicion of having been stung by a wasp during her initial reaction reported by the patient and non-specific symptoms resulting from the sting challenges, bee venom immunotherapy was initiated.



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Despite a lack of standardized protocols and guidelines, live sting challenges are still utilized, often leading to controversial clinical decisions. More data is necessary to ensure safe and effective application of this method to aid in venom allergy workup