

of mustard-induced anaphylaxis; de Diego et al. (5) reported a 23-year-old man who suffered recurrent pancreatitis caused by cow's milk allergy; Matteo & Sarles (6) reported two cases presumably attributable to food allergy; Boquien & Blain (7) reported a man with hyperamylasemia after fish consumption; and Flejou et al. (8) reported an atopic woman with eosinophilic pancreatitis. Hypothetically, hypersensitivity to a food substance could cause an episode of pancreatitis through obstruction of the ampulla of Vater by edema and inflammation caused by the local allergic reaction to the ingested substance. It is known that food allergy can manifest itself clinically with exclusively digestive symptoms, although frequently accompanied by symptoms in other organs (9).

In the case of our patient, the predominant symptom was abdominal pain. After the third episode, alcohol was discarded as a possible causal agent, as the patient had avoided its ingestion during the previous weeks. The symptoms of anaphylaxis that had accompanied the last episode led to the suspicion of an allergic cause. The accidental serving of a kiwi in the hospital again produced the same symptoms, and the suspicion was confirmed upon obtaining a positive cutaneous prick test for kiwi, a test which, in our experience, is more reliable than the CAP System determination of specific IgE in patients allergic to kiwi. The patient had eaten kiwi before the attacks, and after 5 years of a diet avoiding kiwi, he remains asymptomatic.

Finally, we believe it might be helpful to include allergic reactions to food substances among the causes capable of provoking episodes of acute pancreatitis.

Key words: food allergy; kiwi; pancreatitis.

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Accepted for publication 4 June 1998

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ALLERGY 1998;53:1104-1105

REFERENCES

- Steinberg W, Tenner S. Acute pancreatitis. *N Engl J Med* 1994;330:1198-1210.
- Couvelaire R, Bargeton D. Quelques résultats expérimentaux sur la genèse des oedèmes aigus et des héorragies pancréatiques. Les pancréatites anaphylactiques. *CR Soc Biol* 1933;11:1435-7.
- Opie EL. The relation of cholelithiasis to disease of the pancreas and to fat necrosis. *Am J Med Sci* 1901;121:27-43.
- Carrillo T, et al. Pancreatitis aguda como complicación de anafilaxia por mostaza. *Rev Esp Alergol Inmunol Clin* 1987;2:388-90.
- de Diego A, Robles J, Herrero T, Cos E. Acute pancreatitis associated with milk allergy. *Int J Pancreatol* 1992;12:319-21.
- Matteo A, Sarles H. Is food allergy a cause of acute pancreatitis? *Pancreas* 1990;5:234-7.
- Boquien Y, Blain CL. Deux cas de pancréatite oedémateuse d'origine allergique. *GM France* 1963;1:3185-92.
- Flejou JF, Potet F, Bernades P. La pancréatite à éosinophiles: une manifestation rare de l'allergie digestive? *Gastroenterol Clin Biol* 1989;13:731-3.
- Sampson HA. Adverse reactions to foods. In: Middleton E, Reed CE, Ellis EF, Adkinson NF, Yunginger JW, Busse WW, editors. *Allergy: principles and practice*. St Louis, MO: Mosby-Year Book; 1993:1661-6.

Latex allergy in clinical practice

WE describe the case of a 9-year-old boy who had complained since the age of 4 years of nine episodes of eye itching and swelling, lacrimation, and ocular hyperemia along with face and neck urticaria, which occurred while he was waiting in a dentist's office. Symptoms typically appeared a few minutes after the subject had entered the waiting room; in a few cases, the onset of symptoms had occurred only after the child had entered the dental office. On none of the occasions had there been direct contact with latex gloves or other latex products. Symptoms disappeared spontaneously in about 12-24 h (6-12 h after terfenadine). Symptoms occurred in two different dentists' offices. The same symptoms occurred during hospitalization the previous year, in a neurology department.

The past clinical history revealed that during the patient's first year of life there had been nine surgeries for ventricular peritoneal shunt because of hydrocephalus subsequent to meningoencephalitis caused by

Bacteroides fragilis.

Urticaria and conjunctivitis in a sensitized child exposed to latex aeroallergens in a dentist's office.

No familial history of atopy was reported, nor previous personal atopic symptoms.

Skin prick test (SPT) with the more common aeroallergens was positive for house-dust mites (*Dermatophagoides pteronyssinus* and *D. farinae*).

SPT to natural rubber latex (NRL), performed with a commercial NRL allergen (Lofarma S.p.A., Milan, Italy), produced a wheal 2.5-fold the diameter of the histamine wheal. Total IgE (PRIST, Pharmacia, Uppsala, Sweden) antibodies were 98.7 kU/l. Specific IgE (CAP-RAST, Pharmacia) were positive for NRL (31.2 kU/l, class 4). Specific IgE were negative for some of the foods known to cross-react with NRL (chestnut, banana, kiwi, and avocado).

On the basis of the clinical history, SPT, and RAST, NRL allergy was diagnosed. This report stresses the importance of testing for NRL allergy in high-risk subjects (particularly children with multiple surgical procedures) (1). Finding out that a subject is NRL allergic results in adequate preventative measures; moreover, it may throw light on episodes of allergic symptoms otherwise difficult to interpret.

This case also shows that nonoccupational NRL allergy symptoms, which are more commonly reported to occur following direct contact (2), may also be elicited by indirect contact (exposure to variable levels of airborne NRL allergens). Swanson et al. have measured NRL aeroallergen concentrations in a medical center: in areas where powdered latex gloves were frequently used, this ranged from 13 to 121 ng/m³, being as high as 99.8 ng/m³ in the orthodontic clinic, while in areas where powdered latex gloves were never or seldom used, concentrations were much lower, ranging from 0.3 to 1.8 ng/m³ (3). Recent reports suggest that exposure even to such low concentrations may represent a risk for sensitized subjects. In fact, Baur et al. reported that symptoms to NRL may occur after exposure to relatively low levels of airborne allergens, 0.6 ng/m³ being a critical threshold for symptom elicitation (4). Such a possibility should be particularly likely for highly sensitized subjects (such as our subject).

In our subject, symptoms occurred in an environment (the waiting room) where latex gloves were never used. Though we did not measure the concentration of latex aeroallergens in the dentist's office, we assume that NRL aeroallergens were present not only in the dental office, where latex gloves were frequently used, but also in the adjacent waiting room. It has been reported that in non-forced-air-heated buildings, there is a dispersion of latex aeroallergens from areas where powdered latex gloves are used to areas under latex restriction (5). Transportation of allergens, as is already well known to happen with cat allergens (6), seems to apply to latex, too.

This report underlines the importance of submitting high-risk subjects to diagnostic procedures for NRL allergy, so that adequate precautions may be taken for the admission (access) of sensitized subjects to health-care settings with high frequency of use of latex gloves. This case also encourages the undertaking of studies to assess NRL aeroallergens in public places.

Key words: aeroallergens; allergy; conjunctivitis; latex; urticaria.

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Accepted for publication 18 June 1998
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ALLERGY 1998;53:1105-1106

REFERENCES

1. Task Force on Allergic Reactions to Latex. Committee report. *J Allergy Clin Immunol* 1993;92:16-18.
2. Turjanmaa K, Alenius H, Mäkinen-Kiljunen S, Reunala T, Palosuo T. Natural rubber latex allergy. *Allergy* 1996;51:593-602.
3. Swanson MC, Bubak ME, Hunt LW, et al. Quantification of occupational latex aeroallergens in a medical center. *J Allergy Clin Immunol* 1994;94:445-51.
4. Baur X, Chen Z, Allmers H. Can a threshold limit value for natural rubber latex airborne allergens be defined? *J Allergy Clin Immunol* 1998;101:24-7.
5. Charous BL, Scheunemann PJ, Swanson MC. Dispersion of latex aeroallergen. *J Allergy Clin Immunol* 1998;101:S160.
6. Patchett K, Lewis S, Crane J, Fizzarris P. Cat allergen (Fel d 1) levels on schoolchildren's clothing and in primary school classrooms in Wellington, New Zealand. *J Allergy Clin Immunol* 1997;100:755-9.

Pizza, an unsuspected source of soybean allergen exposure

ITALIAN pizza is one of the most popular foods everywhere. Allergic/pseudoallergic reactions following the ingestion of this food have been reported, and they are not uncommon in everyday clinical practice. Nevertheless, identifying exactly the agent responsible for these reactions is a difficult task due to the wide variety of ingredients used for preparing pizza (tomato and tomato sauce, cheese, fish, mushrooms, yeast, flour, vegetables, etc.); in fact, tomato sauce (or its additives) is the most commonly suspected causal agent. Soybean

proteins are well known as allergens, and soybean is widely used in the preparation of many foods, but this possible allergenic source is often hidden or unsuspected. We describe herein the case of a young woman suffering from severe systemic reactions due to the soybean flour contained in pizza.

S.R., a 32-year-old woman, came to our observation reporting a clinical history of more than 10 acute systemic reactions, in the last 2 years, including generalized urticaria, angioedema of the face and tongue, laryngeal edema, bronchospasm, and anaphylaxis. These clinical aspects were associated in various combinations. The patient had emergency care on four occasions, requiring subcutaneous epinephrine. The remaining episodes were controlled at home by the general practitioner, with

A case of severe systemic reactions to a hidden food allergen.

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