

Correspondence

Atopy and latex allergy in spina bifida: What's chicken, what's egg?

Niggemann, B. Atopy and latex allergy in spina bifida: What's chicken, what's egg.

Pediatr Allergy Immunol 1997; 8: 51. © Munksgaard 1997.

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Received 4 February 1997

Accepted 4 February 1997

To the Editor: Recently published data (1, 2) show that the number of operations and an atopic disposition are the most important risk-factors for latex allergy in patients with spina bifida. An irrevocable truth in allergology is that sensitization and allergy depend on exposure to the offending allergen. But what is known today about the exposure of patients sensitized or allergic to latex? Several factors may play a role:

(1) The kind of exposure seems to be important, sensitization-rates are enhanced by repeated operations, – but to a much lesser extent by repeated skin contact,

(2) Operations early in life induce sensitization – such as in children with spina bifida or genito-urinary malformations, who are all operated on the first day of life,

(3) There may be a window of exposure early in life – possibly only the first weeks of life may be important, and

(4) Frequent exposure is definitely a factor.

But does this explain all open questions? Why is the percentage of those with an atopic disposition – 42% of children with spina bifida (2) – much higher than expected from the average population (about 25%)?

Hypothetically, children who are operated on the first day of life, thereby getting an extraordinary exposure by a long-term acting allergen depot from glove powder containing latex left on a mucosa, as well as the booster effect of many operations in the following years may predispose to become atopic and to develop more sensitizations in otherwise non-predisposed children. Future investigations of the first months or years of life focussing on atopic disposition (e.g. in epidemiological studies) are warranted to answer the question: is atopy chicken or egg in latex allergy?

References

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