

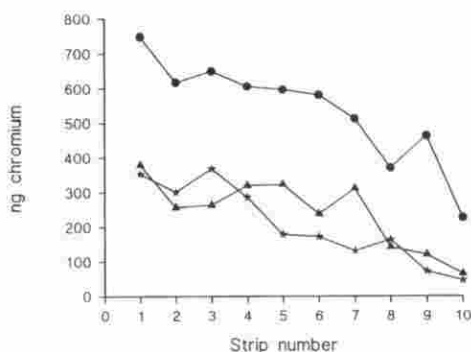


Fig. 1. Chromate concentrations in different layers of stratum corneum illustrated by repeated stripping after in vitro exposure of human skin to the standard patch test chromate concentration. ●: aqueous vehicle; ▲: petrolatum vehicle 1; ★: petrolatum vehicle 2.

after removed of the test chamber; thus, the same could be expected for chromium. Gel formulations have been tested versus petrolatum formulations, giving comparable results as regards irritant and dubious reactions (6).

The result of the present study shows that only very small amounts of chromium are able to elicit an allergic contact reaction, as the petrolatum patch

test vehicle usually results in positive patch test reactions in chromium-allergic patients.

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Anaphylaxis due to a latex vaginal vibrator

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Key words: contact urticaria; anaphylactic shock; natural rubber; rubber latex; rubber gloves; vaginal vibrator; mucosal contact; prevention.

Contact urticaria and anaphylactic reactions can occur when individuals with Type I (IgE) hypersensitivity to natural rubber latex undergo surgery and/or clinical examination involving latex products, mainly rubber gloves (1-7).

Case Report

A 45-year-old Caucasian housewife developed generalized urticaria, facial and laryngeal edema, respiratory distress and unconsciousness about 10 min after a latex-covered electrical vibrator had been used

for vaginal sexual stimulation. She was admitted to the intensive care unit, remained hospitalized for 2 days, and was discharged fully recovered.

The patient, with a history of atopy, had experienced previous urticarial episodes on the hands when wearing rubber gloves, and also when using a rubber garden hose.

Patch tests with the European standard series, rubber compounds, plastics and lacquers (Hermal), were positive to nickel sulfate 5% pet. and diaminodiphenylmethane 0.5% pet. at 2 and 4 days (+++). Scratch tests produced a strong wheal-and-flare

response to a piece of latex vibrator, and a piece of one brand of latex gloves (Transaflex). Scratch tests with pieces of 4 other brands of latex and vinyl gloves, and corn starch, were negative.

A prick test with a commercial extract of natural latex (*Hevea brasiliensis*) at 0.1% acet. (HAL) was positive. 3 control subjects were negative to the latter skin test. Specific IgE to latex (*Hevea brasiliensis*) (latex-k 82, Pharmacia Diagnostics) was detected in serum (0.89 kU/l, CAP-RAST-IEIA class 2).

Comment

Over the last decade, reports of immediate allergy to natural rubber latex have increased (1, 4, 8, 9). The commonest causes have been rubber gloves, balloons, dental dams and condoms (1, 4). Atopy, hand eczema and work involving latex gloves seem to have been predisposing factors (9). Anaphylactic reactions appear to have occurred, particularly from mucosal (oral, vaginal, or rectal) contact (4).

We have described a case of contact urticaria and anaphylaxis from a latex vaginal vibrator. Such a source of latex has not previously been reported. Since those with latex allergy also tend to be female (2), using a latex vaginal vibrator, a mucosal latex contact, appears to be a particular risk for sensitized women. However, non-latex vaginal vibrators, though less common than latex, are also available.

Latex-sensitive patients should be informed of their allergy, and must be warned against close contact with the full range of natural latex products.

Eliminating allergenic proteins from the rubber-tree sap or during the manufacturing process is, however, the challenge of the future.

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Contact sensitization in infants: report of 3 cases

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Key words: contact sensitization; nickel; para-phenylenediamine; infants; maternal sources; hospital source.

A 12-month-old male baby was admitted with an exacerbation of atopic dermatitis (AD), which had started at the age of 4 months. The arms and legs were particularly involved. Neither respiratory symptoms nor seasonal exacerbation of the dermatitis had been reported. During hospitalization, prick tests for foods, inhalants, pollens and moulds showed positivity to cow's milk, casein and peanut; sensitization to milk proteins was confirmed by RAST. Total IgE

was within the normal range (134 KU/l). The baby underwent therapy with topical corticosteroids and antiseptics and systemic antihistamines, obtaining remission of the clinical lesions.

While on the way to recovery, the little patient developed for the first time a sudden inexplicable hand and foot dyshidrosis (Figs. 1, 2). On patch testing with nickel sulphate, Kathon® CG and potassium dichromate, a strongly positive reaction to nickel

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