

patient showed no respiratory symptoms during their pollination season and had no contact with rabbits.

SPT with plant extracts were all negative in the control subjects.

Most of the plants used in the production of anis liqueur are considered spices. The patient had developed IgE-mediated sensitization to five of the eight plants which he handled habitually, belonging to the following botanic families: Leguminosae (licorice), Myristicaceae (mace), Umbelliferae (coriander, matalahuga anisette), and Iridaceae (iris root). It may be noted that a previous report described occupational asthma due to different, botanically unrelated spices, finding, through ELISA inhibition analysis, a partial cross-reactivity between several of them (2).

The patient suffered from rhinitis and asthma at his workplace due to the inhalation of airborne dust particles of the previously mentioned plants. However, the symptoms appeared mainly while he was handling licorice. Additionally, SPT and RAST values for licorice were significantly higher than for the other spices, all this suggesting licorice as the main source of the respiratory symptoms of the patient. He refused any challenge studies in the laboratory. Previous reports have described occupational rhinitis and/or asthma to coriander (2, 3) and aniseed (4), as well as to other Umbelliferae (5) and spices belonging to other botanic families such as mace (2). However, to our knowledge, this is the first case of occupational rhinitis and asthma due to licorice. This diagnosis stems from the clinical history of the patient and is supported by both *in vivo* and *in vitro* evidence of specific antilicorice IgE antibodies.

As in other cases of food-induced asthma, the patient showed oral tolerance to these foods (6).

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Accepted for publication 2 September 1999
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ISSN 0105-4538

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Latex allergy in a glove plant

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Key words: allergy; atopy; latex allergy.

● THERE are not sufficient data on the prevalence of latex allergy in rubber industry workers. We aimed to find out the rate of latex allergy in latex glove factory workers.

In this study, 155 workers in one (Elsan) of the two factories which manufacture surgical gloves in Turkey were examined (the administrators of the other factory

refused to allow us to examine their employees). Employees worked in three shifts. All the employees in the factory agreed to participate in the study. The factory produces 140 000

Surgical glove plant employees are not at high risk of latex allergy.

gloves a day. Glove dies are first dipped into a coagulation tank of calcium nitrate, and then they are taken out and immersed in a tank containing latex mixture. Next they undergo a drying operation and then are washed in a hot water tank of 165°F to remove the coagulant agent. After washing, they are dried in a furnace of 195°F, and then immersed in a liquid mixture of cornstarch and water. They are dried again after being taken out. Then the gloves are taken out of the dies, inflated with air, and packaged. Most of the employees worked at taking gloves out of dies, inflating them, and packaging them.

All employees were first asked questions which were modified from National Heart, Lung, and Blood Institute questionnaires. Then past medical histories were taken of allergic rhinitis, allergic conjunctivitis, urticaria, and asthma symptoms. Living conditions, diseases other than allergic disorders, and smoking habits were ascertained. All employees underwent prick tests with common aeroallergens and latex extract. For this purpose, Soluprick® SQ (ALK-Abelló A/S, Denmark) latex extract and Alyostal lyophilized IR-W® aeroallergen extracts (Stallergènes SA, Fresnes Cedex, France) were used. Employees who had symptoms underwent spirometric examination. Out of 155 workers, 32 were men and 123 were women aged 16–58 years (average 33.2 years). The length of employment for workers varied between 6 months and 10 years (average 4.3 years). All the workers lived in towns and villages near the factory.

Out of 155 employees, 21 had symptoms suggesting allergic diseases. Two of these

21 employees were heavy smokers (1.5 pack/day, for 10 and 15 years, respectively). Another two of the 21 employees said that their complaints occurred in the workplace. The remaining 19 had complaints occurring in as well as outside the workplace. As a result of the dermal tests, latex sensitivity was found in five subjects (3.2%), one of whom had no symptom. These subjects were also sensitized to all common aeroallergens. The rate of sensitization to common aeroallergens among 155 employees was 16%.

Twenty-one symptomatic workers underwent spirometric examination. Out of these 21 workers, only one was found to have severe obstructive and restrictive pulmonary insufficiency. This patient had smoked for 15 years and also had kyphoscoliosis.

Latex allergy is reported to be an important health problem, especially in groups who are considered at risk (1). We found only one publication concerning latex sensitivity among workers in latex material production, one of the main risk groups. In 1990, Tarlo et al. (2), in a study in a surgical glove factory, found spirometric changes similar to those found in asthmatic patients in seven of 81 workers, and diagnosed occupational asthma in three workers. Dermal tests showed that latex sensitivity was 11% among these factory workers.

Out of 155 workers in our series, 21 had allergic symptom. Only two of them said their symptoms, increased at the workplace. Only five of those 21 subjects with allergic symptoms had dermal sensitivity to latex as well as sensitivity to common aeroallergens. The sensitivity of dermal prick tests for the diagnosis of latex allergy is considered 100% (3, 4). As a result, we found the incidence of latex allergy in the study population to be 3.2% (five subjects out of 155). This rate is below the rate that Tarlo et al. found in their studies (2). This difference may be attributed to the improvement of the latex material manufactured in recent years. On the other

hand, the frequency of latex sensitization in the general population has been shown to be 3–6% (5). Moreover, the latex allergy risk seems to be higher among atopic than nonatopic subjects (6). In fact, our latex-sensitive subjects were all atopic. In conclusion, we may say that the surgical glove factory workers that we studied were not at high risk of occupational sensitization to latex.

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Accepted for publication 10 September 1999
Copyright © Munksgaard 2000
ISSN 0105-4538

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Anaphylaxis to paramethasone with tolerance to other corticosteroids

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Key words: anaphylactic shock; corticosteroids; cross-reactivity; drug allergy; paramethasone acetate.

● GLUCOCORTICOSTEROIDS are hormone drugs with many adverse effects but are widely used due to their anti-inflammatory actions. These drugs are administered in disorders such as cataracts, glaucoma, hypertension, my-

Two patients with systemic reactions after intra-articular injection.

opathy, osteoporosis, peptic ulcer disease, avascular necrosis of bone, growth failure, psychological disturbances, hirsutism, and skin atrophy. The most frequent allergic reaction to corticosteroids is allergic contact dermatitis due to topical sensitization with an incidence of 2.9–4.1% (1).

In 1974, the first anaphylactic reaction to a systemic corticosteroid (methylprednisolone) was described (2). Since then, several cases of immediate reaction have been reported (3–5) with an incidence of 0.3% in patients receiving oral or parenteral corticosteroid treatment. Corticosteroids are often used in antiallergic treatment and therefore are seldom viewed as a potential source of an allergic reaction.

We present the allergic study of two patients with systemic reaction to intra-articular administration of paramethasone acetate.

Prick and intradermal tests with corticosteroids and local anesthetics used in the intra-articular infiltration, as well as with corticosteroids of other pharmacologic groups, were done. A prick test was considered positive when the papule was