

died from the sting of a wasp or hornet. The author's evidence for this event uses hieroglyphs found on two almost identical but only partially preserved ebony plates at one of the many putative Menes burial sites. In contrast to other clearly perceivable animals, Waddell interprets a half circle hieroglyph on plate no. 1 as a wasp or a hornet, using plate no. 2 for completion (Figs 1 and 2). However, the 'sting' can only be seen on plate no. 1, giving the certainty to be only an accidental wooden scratch. Moreover, Waddell ignored the variation of the hieroglyphs on plate no. 2, where three 'wasps' are noticeable instead of one. Never again have historians followed Waddell's interpretation. In contrast, the 'wasps' are seen without doubt as hieroglyphic numbers (5).

Although Waddell's fictional account of Menes death after a wasp sting has never been accepted by other Egyptologists it has reverberated through the medical literature on allergy to this very day.

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The frequency of mouse and rat allergy among allergic individuals in İzmir (a preliminary report)

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Key words: allergic asthma; allergic rhinitis; inner-city allergens; mouse allergens; rat allergens.

Mouse/rat sensitivity is observed among atopic patients in İzmir city.

Mouse and rat epithelia and dander are important indoor allergens, especially among individuals living in cities. Studies especially in laboratory personnel and several other patient groups revealed that exposure to these allergens may lead to allergic rhinitis and/or allergic asthma. Dust samples from asthmatic patients' homes showed that mouse and rat allergens may be found at high concentrations like the other indoor allergens (cockroach, cat, dog, dust mite) as mentioned in the literature (1, 2). These data suggests that rat and mouse allergens should be sought as

important indoor allergens (3). Mouse allergens (Mus m I) and rat allergen (Rat n 1) can be found in a widely distribution in the air, even in rooms that do not contain mice in mouse breeding facilities. Occupational allergy to mice is a major cause of disability among workers in mouse breeding and research facilities (4). Realizing how potent these allergens could be in occupational settings led the investigators to study their distribution and clinical significance in the homes of inner-city patients with asthma. Our aim was to determine the frequency of rat and mouse allergy among allergic individuals in İzmir.

Eighty-three patients attending our allergy polyclinic consecutively in July and August 2003 were detected for mouse and rat allergy with prick method (Stallergens and Allergopharma). These allergic rhinitis/asthma patients had a mean age of 31.59 ± 11.16 years. Three patients were found to be allergic to mouse (3.6%), three patients were found to be allergic to rat (3.6%). Eight patients (9.6%) had mouse and rat sensitivity concomitantly. A total of 16 patients (16.9%) had mouse/rat/mouse + rat sensitivity (Fig. 1).

Mouse and rat allergens are well documented causes of immunoglobulin-E mediated hypersensitivity. Mouse

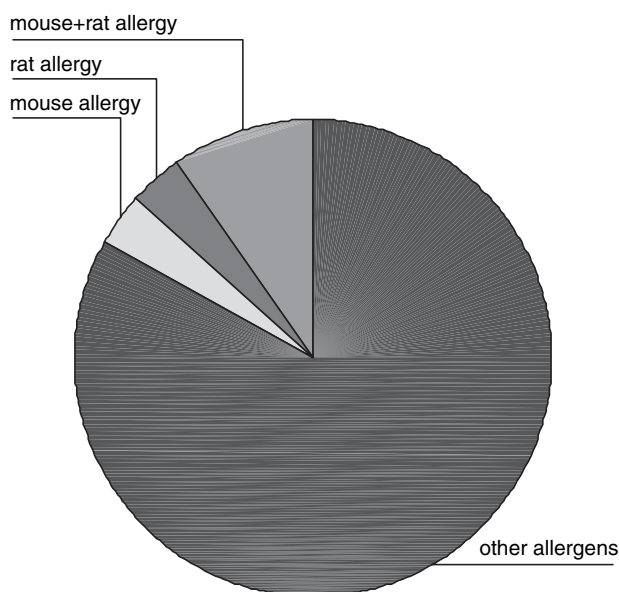


Figure 1. Mouse and rat sensitization distribution.

allergen is widely distributed in inner-city homes (1). Rat allergen is not only commonly found in inner-city homes, it also contributes to asthma morbidity, because rat allergen sensitization and exposure are associated with increased asthma morbidity in inner-city children (5). Phipatanakul et al. found in their study group that 18% of children were sensitized to mouse, and that 95% of homes had detectable mouse allergen (1, 2). The sensitization rate to rat was found to be 21%. Detectable rat allergen level was 33% (5). Our study populations' sensitization to mouse was 3.6%. Also the sensitization percentage to rat was 3.6, too. Eight patients (9.6%) had mouse and rat sensitivity concomitantly. A total of 16 patients (16.9%) had mouse or rat or mouse + rat sensitivity. The lower percentage in our study may depend on our restricted study population. We could not observe any relationship with personnel or housing characteristics and mouse or rat sensitization like Phipatanakul, too (1).

Our preliminary report demonstrated that even a little allergic study population may reveal an important sensitization to rat and mouse in people living in the city. Further studies are needed to understand the mechanisms of indoor allergen exposure and sensitization. Mouse and rat sensitivity should be searched because of the negative effects on asthma. Lowering levels of these indoor allergens could be helpful in preventing the disease at least partially.

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Skin prick test with hen's egg: whole egg or egg white?

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Key words: allergy; food allergy; hen's egg; skin index; skin prick test.

Next to cow's milk, hen's egg is one of the most common causes of food allergy worldwide. Immunoglobulin(Ig)E-mediated sensitization to hen's egg of around 9–12% in infants

and young children has been reported (1).

Although oral food challenges still remain the diagnostic 'gold standard', the skin prick test (SPT) and the determination of specific IgE concentrations in serum provide useful tools in the diagnostic work-up of suspected food allergy. These tests have satisfying negative predictive accuracies (>95%), but variable positive predictive accuracies (0–79%) (2). For the SPT procedure, native fresh foods are preferred to over-

come the problem of standardization (3). It is not clear whether whole egg or white egg should be used for skin prick testing with native hen's egg. We therefore investigated in parallel SPTs with both whole egg and egg white.

We studied 45 children (27 boys and 18 girls) ranging from 6 to 113 months of age (median age 24 months), consecutively visiting our allergy unit with suspicion of hen's egg related symptoms. Forty-three of 45 (96%) suffered from atopic dermatitis. Two drops of hen's egg were applied in parallel on the children's volar forearm: one of with whisked native whole egg and one of with native egg white. Skin prick tests were performed using a 1 mm single peak lancet (ALK, Copenhagen, Denmark). Reactions were read at 15 min. The SPT was assessed as positive if the wheal diameter was ≥ 3 mm without reaction of the negative control (NaCl 0.9%) and the skin index (SI) was ≥ 0.6 . All children responded to 10 mg/ml histamine dihydrochloride (ALK, Copenhagen, Denmark) used as a positive control.

For each allergen, we calculated the SI, defined as the ratio of the allergen-induced wheal size and the wheal size induced by the positive histamine control. Patients were not allowed to any medications that might interfere with allergen skin testing (antihistamines, corticosteroids) for at least 48 h prior testing. In children with atopic dermatitis, the SPT was performed on uninvolved skin. Statistical analyses were performed using Excel '97 for Windows software; *P*-values were calculated using the *t*-student test with dependent variables; a *P*-value below 0.05 was considered statistically significant. The correlation coefficient was obtained by a regression test.

All 45 children showed a positive result to both SPTs. No child presented with only a positive SPT to whole egg or only to egg white. Results of the wheal diameters are shown in Table 1. In general, we observed larger absolute wheal diameters with egg white (9.0 mm) than with whole egg (8.0 mm) as well as larger skin indices (1.9 versus 1.6). The correlation between the skin index with egg white and whole egg was statistically significant ($r = 0.68$, $P = 0.001$) (Fig. 1).

SPT with hen's egg may be performed with either whole egg or egg white.