

Intravaginal desensitization to seminal fluid

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Key words: allergic reaction; desensitization; seminal fluid; treatment.

• A 37-YEAR-old woman was referred to us for evaluation of postcoital urticaria and dyspnea. She had been married to the same partner for 7 years and had a 5-year-old child. Her first symptoms had started only 6 months before referral. At the beginning, she had urticaria of her hands and face 15-30 min after sexual intercourse, but her symptoms had worsened progressively. At the last two episodes, she developed general urticaria with shortness of breath immediately after sexual intercourse. The symptoms disap-

peared spontaneously after several hours. She never experienced perineal reactions. The use of condoms resolved

the postcoital problem completely. The woman and her husband were healthy with no history of atopy. Physical examination was normal. Prick skin testing with her husband's undiluted semen revealed wheal and flare diameters of 20 and 60 mm, respectively, with negative diluent control. Skin prick tests with both common inhalant aeroallergens and a panel of food allergens were negative.

The recommendation to continue condom use was unacceptable to the couple, and they decided to try desensitization. Intravaginal rush desensitization, as reported by Matloff (1) with minor modification, was performed. Intact fresh semen, supplied by the husband,

was used. Dilutions were made with sterile human serum albumin with phenol diluent. The patient was hospitalized for monitoring, and an intravenous line was placed. With a syringe, 2 ml each of progressively greater concentrations of semen dilutions (1:10 000, 1:1000, 1:100, 1:10, undiluted specimen) were deposited intravaginally at 20-min intervals. Finally, the patient and her husband had unprotected intercourse with no allergic symptoms. Desensitization was maintained by at least twice a week of unprotected sexual intercourse. The patient had no symptoms during the 4 months of follow-up, while the semen skin test was still positive.

Seminal fluid allergy (SFA) in women has been increasingly recognized and documented (2). These reactions range from local swelling to generalized systemic reactions. Condom usage can prevent symptoms of SFA. This measure, however, is often unacceptable to the partners, who look for other treatments. Immunotherapy with whole seminal fluid or with a fraction of seminal fluid with various protocols and with variable success has been reported (2, 3). Recently, intravaginal rush desensitization was offered as a simple therapeutic alternative for selected patients. The first report described a patient with local hypersensitivity (1), while De Cuyper et al. (4) used this technique successfully to treat a woman with systemic SFA (manifested as hand and face urticaria). This patient, an atopic woman, had developed the first symptoms immediately after marriage.

Herein we have reported another successful intravaginal desensitization in a nonatopic patient with systemic SFA who had developed her symptoms only after 7 years of sexual relationship with the same partner.

The mechanism that makes local mucosal allergen hyposensitization a feasible treatment for systemic symptoms is not known. However, the allergen that causes the

symptoms of systemic SFA is clearly absorbed from the same mucosal surface; therefore, the process may work in the same way that oral drug desensitization works. Intravaginal desensitization is simple and more natural for the patients than subcutaneous injections; hence, we suggest that it should be the first therapeutic choice in all patients with SFA when desensitization is indicated.

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Urticaria treated with dapson

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Key words: chronic urticaria; chronic idiopathic urticaria; dapson.