

PERSPECTIVE

HEALTH-CARE PROFESSIONALS EXPOSED TO LATEX ALLERGY: A CAUSE OF CONCERN?

The use of latex gloves is widely prevalent among all health-care professionals. Right from the anatomy dissection hall to the surgery operation theatres, there is use of latex gloves. While using those gloves, nobody even thinks of a possible latex allergy linked to its use.

The first-year medical students and the younger doctors in the hospital may not be aware of such latex allergy and it is essential to educate them. Many of the medicos may be sensitive to allergen like latex. In a past study, type I hypersensitivity: anaphylactic reactions were reported in sensitive individuals.¹ The prevalence of such allergy may vary up to 21.3% in health-care professionals.² The most worrying part is the fact that one-third of the individuals with positive skin test may be asymptomatic.³ This means that a larger section of the health-care professionals are at risk. Many younger medicos who are not aware of any possible latex allergy may not even seek treatment. Is there an urgent need to educate the medicos and paramedical staff about such possible latex allergies?

The increase in number of latex allergy cases in medical students is a major health problem. Pruritus may be one of the earliest symptoms. Often, it is necessary to have a proper history from the individual as regarding prior allergy related to food and other items like balloons, gloves, condoms, clothing or any other rubber products.⁴ Often the senior faculty member may not be aware of the fact that a first-year medico or junior doctor may either suffer or be hypersensitive to such latex allergy. Those with a history of family atopy or eczema may be advised to take proper precautionary steps in advance. The young medicos need to be briefed about such allergic cases at the very beginning of their career. Skin prick tests may be conducted to identify the risk cases. Past studies have described rhinoconjunctivitis, cough, asthma and urticaria to be associated with latex allergy.⁵ The complications like asthma may be life threatening.

The problem needs to be addressed at the hospital level. Often, the use of latex gloves for longer duration causes moisture to accumulate inside the gloves, which may be responsible for skin maceration, and allergens being more absorbed on the skin surface.⁴ It is necessary that the gloves be stored in a place free from moisture. It is always advisable to smear glove powder on the hands before using the gloves. Use of chemical hand wash before using the gloves may also act protective. The use of metallic rings on the fingers may also have chemical reactions with the gloves. Proper education regarding the allergic symptoms and its awareness may help in combating latex induced allergy. Proper monitoring of the quality of the latex gloves may be beneficial.

A 12.1% incidence of latex allergy has been reported in UK, France, Australia and New Zealand.⁶ Alarming, the same study even spelt out the difficulty in diagnosing such allergic cases when associated with a single symptom.⁶ A recent study had found that in an surgical set-up, while obtaining the history of the patient, non-drug-related allergy history, that is, allergy to latex, iodine, elastoplast allergy, was missed in about 38% cases.⁷ Interestingly, a mnemonic of LIED (latex, iodine, elastoplast and drugs) has also been suggested for all junior doctors obtaining history.⁷ The *ANZ Journal of Surgery* needs to be congratulated for publishing an article in 2007, which stressed the use of cyanoacrylate and its homologues found in a variety of medical and commercial applications being used as biological adhesives and sealants.⁸ It is not uncommon that any such non-drug-related allergy may be commonly found in the hospitals. The senior medical professionals must play an important role in educating the younger medicos and other health-care professionals about latex allergy and its prevention.

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