■ We report 13 cases of HSPA. Seven women had systemic allergic reactions. In this group, nearly all had an atopic background (6/7), diagnosis (skin tests and sIgE) posed no difficulties, and immunotherapy often produced clinical benefit (5/6). Six women had local reactions, always complicated by repeated gynecologic infections. Atopic background was not frequent. Diagnosis by skin tests and sIgE was much more complex, because skin tests were weakly positive and sIgE was not found in most cases. Immunotherapy offered no benefit in this group.

Key words: allergy; human seminal plasma; immunotherapy.

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REFERENCES
1. Specken JLH. Een Merkwaardig geval van allergi in de gynaecologi. Ned Tijdschr Verloskd Gynaecol 1958;58:314-18.
2. Halpern BN, Ky T, Robert B. Clinical and immunological study of an exceptional case of reaginic type sensitization to human seminal fluid. Immunology 1967;12:247-58.
3. Sabbah A, Drouet M, Le Sellin J. Hypersensibilité réaginique au liquide séminal: à propos d'un cas. Ouest Med 1979; 32(21):1339-43.
4. Ebo DG, Stevens WJ, Bridts CH, De Clerck LS. Human seminal plasma anaphylaxis (HSPA): case report and literature review. Allergy 1995;50:747-50.
5. Hassoun S, Drouet M, Sabbah A. Immunothérapie spécifique dans l'allergie au liquide séminal (à propos de 12 cas). Allerg Immunol (Paris) 1996;28(6):198-201.

Indoor allergy to spathe flower (*Spathiphyllum floribundum*)

OCCUPATIONAL allergy to plants is well known in those heavily exposed such as gardeners or florists (1). Less common are reports of allergies to indoor ornamental plants in homes. Allergy to weeping fig (*Ficus benjamina*) is the best documented. It was first described as a cause of occupational allergy. Later, patients with indoor allergy were reported (2, 3). We now describe another indoor plant allergen, that of the widely grown ornamental spathe flower (*Spathiphyllum floribundum*).

■ A 40-year-old woman, a medical secretary, presented at our outpatient clinic. Her personal history revealed that she had experienced an episode of severe rhinoconjunctivitis and asthma 15 years before after exposure to a bedcover filled with wild silk. Seasonal rhinoconjunctivitis due to pollinosis had affected her since childhood, but the symptoms had lately been easing.

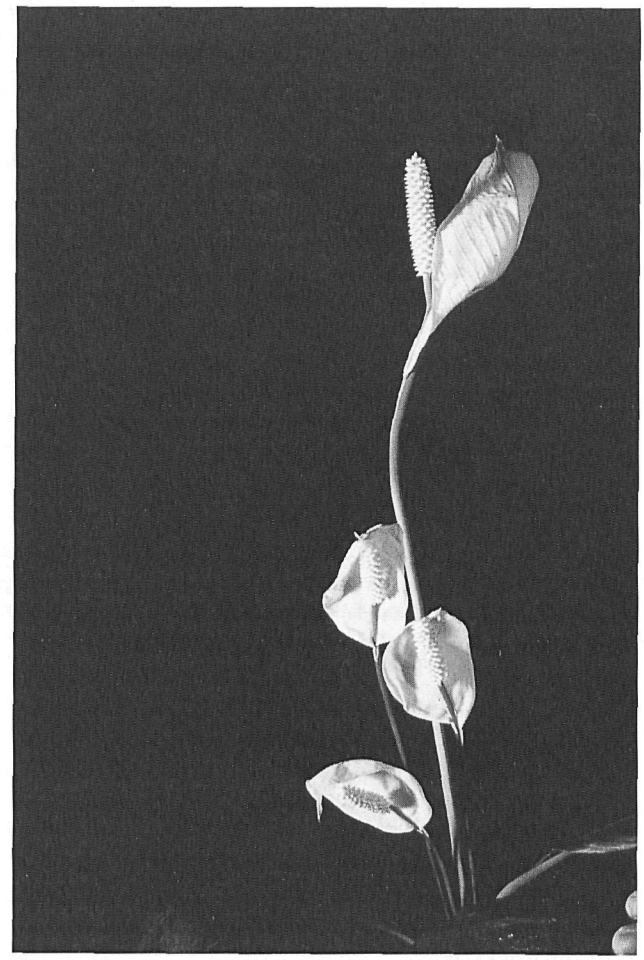

*FIGURE 1 Spathe flower (*Spathiphyllum floribundum*).*

For 2 years, the patient had suffered from newly acquired, perennial rhinitis of unknown cause. The symptoms affected her at home exclusively. She had acquired a dog and a cat only very recently and direct contact with them did not trigger any reactions. Her symptoms worsened when a large indoor plant in her living room and bedroom had to be trimmed. Severe conjunctivitis and mild rhinitis promptly affected her. Upon removal of the plant, the symptoms stopped immediately and had not recurred since.

A case of perennial allergy to an ornamental plant.

■ Skin prick tests (SPT) were performed with commercial extracts in glycerol (Alyostal from

Stallergènes Laboratory, Fresnes, France) for routine inhalants. SPT with native plant leaves and pollen were performed by the prick-prick technique. The RAST disk with extracts from plant samples was prepared as previously described (4).

SPT were positive for the main pollen allergens, corresponding to the history of seasonal pollinosis: birch (+ +), alder (+), ash (+ +), hazel (+), mugwort (+), grass (+ +), and rye (+). Sensitization to wild silk (+) was confirmed. Perennial allergens were positive for dog epithelium (+), but CAP results reached only 0.55 kU/l (class 1). Specific IgE for house-dust mites could not be detected. These results contrasted with house-dust samples collected at the patient's home. Scratch tests were clearly positive (mattress + +, bedcover + +).

Samples of the indoor plant in question were tested and resulted in strongly positive reactions (pollen + + + +, leaves + +). The presence of specific IgE for spathe flower was confirmed by RAST (pollen: 4.8 kU/l, class 3; leaves: 1.1 kU/l, class 2).

■ The indoor plant suspected of causing the patient's allergic reaction was identified as a spathe flower of the species *S. floribundum*, family Araceae. Thirty-six species of *Spathiphyllum* are known, and they are native to tropical South America (M. Buzgo, Institute for Systematical Botany, University of Zurich, Switzerland). The plant has longish, dark-green leaves and characteristic prominent white blossoms.

Previous reports of allergic reactions to the Araceae family include cases of contact dermatitis to *Philodendron* (5). One case of type I allergy was reported in an occupational setting. A patient working with botanic components developed respiratory symptoms due to sensitization to *S. wallisii* (6). We are not aware of previous reports of indoor allergy to the Araceae family or of allergic reactions to the species *S. floribundum*.

■ The spathe flower is a very common indoor plant in Switzerland. A major wholesale trader covering 25% of the market in the Zurich area sold 10 694 specimens in 1994 alone. *S. floribundum* must therefore be considered a possible source of indoor allergen in cases of perennial allergic symptoms.

Key words: allergy; Araceae; hypersensitivity; indoor; perennial; plant; *Spathiphyllum*.

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REFERENCES
1. Purilä P, Keskinen H, Leino T, Tupasela O, Tupurainen M. Occupational asthma caused by decorative flowers: review and case reports. Int Arch Occup Environ Health 1994;66:131-6.
2. Axelsson IGK, Skedinger M, Zetterström O. Allergy to a weeping fig – a new occupational disease in plant keepers. Allergy 1985;40:461-4.
3. Schmid P, Stöger P, Wüthrich B. Severe isolated allergy to *Ficus benjamina* after bedroom exposure. Allergy 1993;48:466-7.
4. Johansson SGO, Bennich H, Berg T. *In vitro* diagnosis of atopic allergy. III. Quantitative estimation of circulating IgE-antibodies by the radioallergosorbent test. Int Arch Allergy 1971;41:443-51.
5. Knight TE. *Philodendron*-induced dermatitis: report of cases and review of literature. Cutis 1991;48(5):375-8.
6. Kanerva L, Mäkinen-Kiljunen S, Kiistala R, Granlund H. Occupational allergy caused by spathe flower (*Spathiphyllum wallisii*). Allergy 1995;50:174-8.

Chickpea-induced anaphylaxis

ANAPHYLACTIC reactions due to consumption of foods are common. In this report, a case of systemic reactions to chickpea (*Cicer arietinum*) (Bengal gram) is presented and the presence of specific IgE to its proteins is demonstrated. In various forms, chickpea is an omnipresent ingredient of the diet of most Asian communities all over the world.

■ An 8-year-old girl, a perennial asthmatic for 3 years, was admitted to the hospital with severe wheezing and urticaria. Retrospective analysis after treatment revealed that she had consumed a chickpea preparation 1 h before the incident. Earlier, inhalation of chickpea flour or its vapors while it was being cooked had resulted in a severe wheezing attack. External application of chickpea paste as an infant, as generally practiced in Indian families, had resulted in urticaria.

IgE-binding proteins in chickpea analyzed by SDS–PAGE and immunoblotting.

■ Defatted (with diethyl ether in a Soxhlet apparatus) and desiccated flour of chickpea and a few other legumes was used to prepare sterile glycerinated extracts (2.2 mg/ml) for skin tests. House-dust mite, pollens, and fungi extracts (E. Merck) were also used for skin tests. The provocation test was conducted in a double-blind manner (1). The proteins of chickpea extract were resolved with SDS–PAGE and transferred electrophoretically to nitrocellulose paper (2), and the IgE-binding components were detected with the patient's and control

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