

SDS-PAGE profile, whereas only one IgE-binding band was observed at about 12 kDa on immunoblot analysis (Fig. 1). Cross-inhibition studies carried out with both sesame seed and poppy seed extracts showed the complete cross-reactivity of the 10–12-kDa band (Fig. 1).

This patient, a girl who neither had respiratory allergies nor reported other food allergies, experienced a severe IgE-mediated anaphylactic reaction a few minutes after the ingestion of sesame seeds. The patient did not remember having previously eaten sesame seeds; however, at least one previous contact with the allergen present in some commercial food preparations seems to be the most reasonable explanation for hypersensitivity. The absence of skin reactivity against sesame oil suggests that most relevant allergens are lost during oil extraction procedures, and that SPT with sesame oil does not represent an adequate means to diagnose sesame hypersensitivity. Nonetheless, previous studies showed that even the small amounts of allergens remaining in sesame oil may induce severe clinical symptoms in allergic patients (1, 4). Interestingly, a strong skin reactivity against poppy seed was found, probably as a consequence of cross-reactivity with sesame seeds (the girl did not remember any ingestion of poppy seeds); in contrast, no reactivity to other vegetable foods previously found to cross-react with sesame seeds (7) was found. The immunoblot profile of this patient showed some difference from that of other sesame seed-allergic subjects (8).

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Anaphylactic reactions to topical rifamycin

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Key words: anaphylactic reaction; rifampicin; rifamycin.

● RIFAMYCIN is a broad-spectrum semisynthetic antibiotic with activity against Gram-positive and Gram-negative microorganisms, produced by *Streptomyces mediterranei*. It is topically used in eye-drops for the treatment of infectious conjunctivitis as well as for control of infected traumatic or surgical wounds. Another drug belonging to the rifamycin

group is rifampicin, used in tuberculosis therapy. Both drugs have a very similar chemical structure.

A 36-year-old nonatopic woman was treated with eye-drops containing rifamycin for 6 days because of acute conjunctivitis. Three weeks later, her conjunctivitis recurred, and the patient started to use rifamycin solution again. From day 4 of treatment, the ocular symptoms increased, intense ocular pruritus and eyelid angioedema immediately following the instillation of rifamycin. She suffered generalized urticaria 24 h later. On discontinuing the eye-drops, the urticarial reaction disappeared.

A 42-year-old man without any personal or familial history of atopy was admitted to our hospital for a femoral fracture.

His surgical wound was daily washed with a rifamycin solution and on day 6 after the

osteotomy, the patient noticed itching erythema on the area of instillation. In a few minutes, he exhibited systemic urticaria, bronchospasm, and hypotension. Volume expansion, subcutaneous epinephrine, and intravenous antihistamines were administered. All the symptoms resolved within a few hours.

Both patients were studied several weeks after the acute episodes. The physical examination and laboratory tests, including blood count, globular sedimentation rate, and biochemistry, were normal. A standard prick test with common foods was negative.

Skin prick tests with rifamycin (1 mg/ml) were performed, showing a positive reaction in our first patient (++) and a stronger positivity in the second one (++++). Then, the prick test with rifampicin (2 mg/ml) was carried out in patient 1 (who had never received this drug), resulting in a positive (++) test, too. Rifampicin was not tested in patient 2. Skin prick testing with rifamycin and rifampicin was negative in 10 control patients.

Two patients presenting systemic, probably IgE-mediated reactions to eye-drops.

We report two cases of immediate reactions after local administration of rifamycin, probably provoked by systemic absorption of the drug through the conjunctivae and the surgical wound. In both cases, previous local instillation had occurred, favoring sensitization to rifamycin. The clinical data and positive skin prick testing suggested an IgE-mediated immunologic mechanism.

Allergy to rifamycin is rare. A few cases of contact dermatitis have been reported (1–5). Topical rifamycin is also an uncommon but well-known cause of anaphylactic reactions (6–10); all those immediate reactions were caused by cleaning wounds with this drug. However, to the best of our knowledge, this is the first report of systemic reaction after application of rifamycin in eye-drops. We also demonstrated cross-sensitivity between rifamycin and rifampicin by skin testing.

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Histamine content of peanuts

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Key words: histamine content; peanut; quality control.

• THE severity of food allergy to peanuts has been well established, and since reactive doses are sometimes very minute (1–3), the search for potentiating factors seems to be justified. Peanuts are usually consumed roasted, and we are given no information

about the length of time between their harvesting and their roasting, nor any indication of the storage time before their consumption. The fermentation processes are likely to generate a large quantity of histamine. We have evaluated the protein concentration by the method of Bradford (Biorad, Hercules, CA, USA), and the histamine concentration by radioimmunoassay (Immunotech, Marseille, France) on 16 batches of roasted peanuts, all of different brands, and on four batches of raw, unshelled peanuts.

The protein concentration is higher in 100 g of raw peanuts (16.6 ± 3.4 g) than in 100 g of roasted peanuts (2.6 ± 2.2 g) (Table 1). However, the range of histamine concentration is 0.08–0.56 nmol for 100 g of raw peanuts, reaching 35–150 nmol for 100 g of roasted peanuts. This high histamine concentration in some peanut batches seems to confirm that histamine appears or increases

The storage and roasting of peanuts increase the histamine content, possibly promoting concomitant allergy symptoms.

Table 1. Histamine content in different batches of peanut

Roasted peanuts				Raw peanuts		
Trademark	Processing	Protein (g/100 g)	Histamine (nmol/100 g)	Country of origin	Protein (g/100 g)	Histamine (nmol/100 g)
Benenuts	Dry roasted	1.5	105	Senegal	14.8	4.7
Benenuts	Roasted	4.2	78	Senegal	12.8	7.2
Bahlsen	Roasted	0.8	78	Africa	18.4	4.4
Bahlsen	Dry roasted	1.4	85	Thailand	20.3	1.7
G et A	Roasted	4.2	80			
G et A	Dry roasted	1.5	144			
Menguy's	Dry roasted	9.6	72			
Golden Club	Dry roasted	1.0	150			
Reddi Snack	Roasted	1.7	73			
Rencontre	Dry roasted	3.9	41			
Ancel	Roasted	1.4	90			
Nutsco	Roasted	1.2	113			
Tokapi	Dry roasted	0.9	117			
Trinidad (giant)	Roasted	2.3	60			
Trinidad	Roasted	2.4	35			
Trinidad	Dry roasted	4.3	59			