

Acute, Short-Lasting Rhinitis due to Camomile-Scented Toilet Paper in Patients Allergic to Compositae

Guglielmo Scala

Pediatric Allergology and Clinical Immunology Unit, Ospedale Loreto Crispi, Naples, Italy

Key Words

Allergic rhinitis · Camomile · Toilet paper

Abstract

A 20-year-old woman with a proven allergy to camomile suffered from short-lasting rhinitis when using a camomile-scented toilet paper. The prick-by-prick test performed with the toilet paper was positive. Diagnosis was confirmed by a challenge test that also resulted positive. This is the first reported case of toilet-paper-induced acute rhinitis. The removal of the toilet paper from the bathroom was sufficient to obtain the disappearance of symptoms. Patients allergic to camomile should avoid a camomile-scented toilet paper.

Copyright © 2006 S. Karger AG, Basel

The case described below is peculiar in its presentation and clinical manifestation. It is, to my knowledge, the first case of toilet-paper-induced acute rhinitis published in the literature. A 20-year-old, nonsmoking woman had a history of rare episodes of viral wheezing in the first years of life. In the last 12 months, she complained of a short-lasting cough and rhinitis. The patient's problems usually began in the morning, immediately after using the

bathroom, specifically after defecation. At first, this aspect seemed neither enlightening nor relevant, so it was treated with a certain degree of skepticism. The patient was in good clinical condition except for light hyperemia of the nasal turbinates. A skin prick test was performed with the following results: house dust mites, mean diameter = 7 mm, and compositae group, mean diameter = 12 mm. She was told which plant pollens were included in the compositae family. Upon noticing that one of them was camomile tea, the patient remarked that her family had changed the brand of the toilet paper a little more than a year ago. They had changed to one that was scented with camomile essence ('Regina' toilet paper). At this point, a skin prick test and serum specific IgE detection (RAST) for camomile were performed. Both examinations were positive [skin prick test: mean diameter 12 mm, CAP system: 12.9 KU/l (v.n. < 0.35)]. A prick-by-prick test with the patient's toilet paper was then performed and resulted positive, too (toilet paper: mean diameter 9 mm, histamine 5 mm). The negative control displayed no reaction. As a control, a prick-by-prick test with the toilet paper was performed on 2 atopic and 2 healthy subjects. All resulted negative.

The Regina toilet paper was removed from the patient's house, and in a few days the symptoms disappeared. One month later a 'homemade' challenge test was

performed. The patient was asked to tear some papers from a 'camomile' toilet paper roll of the brand 'Regina'. Five minutes later, she presented with the following symptoms: nasal itching and nasal secretion, and shortly thereafter a dry cough. These symptoms lasted about 15 min. After 20 min, the patient was totally well. No drugs were administered. She is currently in stable clinical condition and has not had any further asthma attack or episode of rhinitis.

In conclusion, camomile is a well-known allergen which can induce serious allergic diseases [1]. The allergens responsible for camomile allergy have not yet been characterized (www.allergome.org). However, a cross-reaction with *Artemisia vulgaris* has been reported [2]. Concurrent sensitization to mugwort and birch pollen is not infrequent. Reactions to camomile in hypersensitive subjects have a wide range of clinical presentation, e.g. oral allergic syndrome [3], asthma and rhinitis [4], and even fatal anaphylactic reactions [5]. The incidence and risk of

type I allergy to camomile is thought to be underestimated [6].

'Regina' toilet paper contains camomile extract. It is apparently neither likely that the use of camomile-scented toilet paper is able to induce sensitization by itself, nor is it demonstrated that it is a source of allergens sufficient to trigger a respiratory complaint. This patient was also allergic to house dust mites. Even in the absence of symptoms, it is likely that a minimal inflammation was nonetheless present at the respiratory mucosal level. In such a situation, it is reasonable to believe that the camomile essence contained in toilet paper, released when torn from the roll, can trigger an acute, short-lasting reaction.

Patients with a demonstrated respiratory allergy to compositae should be very careful when choosing the fragrance of their toilet paper, and a camomile-scented toilet paper should be avoided.

References

- 1 van Ketel WG: Allergy to *Matricaria chamomilla*. Contact Dermatitis 1982;8:143.
- 2 de la Torre Morin F, Sanchez Machin I, Garcia Robaina JC, Fernandez-Caldas E, Sanchez Trivino M: Clinical cross-reactivity between *Artemisia vulgaris* and *Matricaria chamomilla* (chamomile). J Invest Allergol Clin Immunol 2001;11:118-122.
- 3 Gluck U: Pollinosis and oral allergy syndrome (in German). HNO 1990;38:188-190.
- 4 Florido-Lopez JF, Gonzalez-Delgado P, Saenz de San Pedro B, Perez-Miranda C, Arias de Saavedra JM, Marin-Pozo JF: Allergy to natural honeys and camomile tea. Int Arch Allergy Immunol 1995;108:170-174.
- 5 Jensen-Jarolim E, Reider N, Fritsch R, Breiteneder H: Fatal outcome of anaphylaxis to camomile-containing enema during labor: a case study. J Allergy Clin Immunol 1998;102 (6 pt 1):1041-1042.
- 6 Reider N, Sepp N, Fritsch P, Weinlich G, Jensen-Jarolim E: Anaphylaxis to camomile: clinical features and allergen cross-reactivity. Clin Exp Allergy 2000;30:1436-1443.