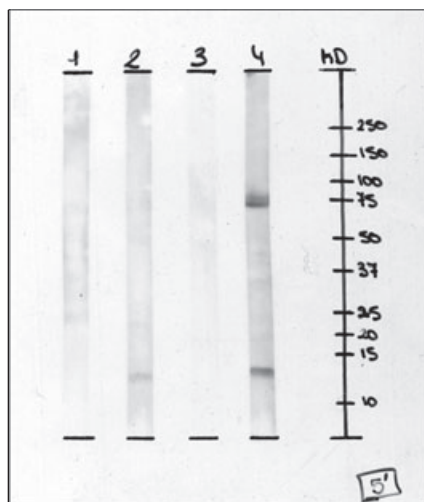


IgE-immunoblotting



- 1: Rosehip + control serum
2: Rosehip + patient's serum
3: Peach skin + control serum
4: Peach skin + patient's serum

Figure 1. Immunoblotting with patient's serum. IgE-binding bands in the peach and rosehip extracts.

belongs to the family of the LTP, the allergens responsible for the most *Rosaceae* sensitization's in the Mediterranean area (4).

Rosehip is the fruit of the dog rose, a plant that belongs to the *Rosaceae* family. The fruit, a berry like structure, is noted for its high vitamin C level and astringent properties. It is used to make tea and preserves. No hypersensitivity reaction after consuming this fruit has been previously reported. The patient was sensitized to LTP present in *Rosaceae* fruits. He already had allergic reactions after consuming cherries, almonds and peaches. However, the presence of specific IgE, demonstrated by *in vivo* and *in vitro* methods, against the rosehip contained in the fruit tea, strongly suggests that this fruit was the cause of the anaphylaxis in the patient and an LTP the allergen involved (5). Cutaneous tests carried out with the other ingredients of the fruit tea were negative and he could eat apple without any symptoms. We did not perform a challenge test because of the severity of the reaction.

Subjects allergic to *Rosaceae* may experience a systemic allergic reaction after consuming fruit tea and they should be warned about this possibility (6). Especially, taking into account that LTPs are present mainly in the skin of the fruits and that they are resistant to heat.

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Anaphylaxis to the anticoagulant acid citrate dextrose

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Key word: drug allergy.

Acid citrate dextrose (ACD) is an anti-coagulant agent commonly used during plasma exchange as well as during blood drawing from donors for its preservation activity on red blood cells and on clotting factor (1). The adverse effects of ACD mainly consist of toxicity due to lowering of calcium (2), which can be prevented by concomitant infusional administration of calcium gluconate (3), but also atypical reaction with flushing and hypotension were reported (2). Moreover, in an animal model the intrapulmonary injection of ACD caused extensive degeneration and necrosis of alveolar pneumocytes and epithelial cells resulting in pulmonary fibrosis (4).

Here, we present a case of anaphylaxis, thus far unreported, caused by ACD. The subject, a 38-year-old Caucasian woman, was a blood donor since 1993. After about 10 min from the beginning of the donation she developed generalized itching, followed by giant urticaria, cough, dyspnoea and wheezing. The donation was immediately stopped and hydrocortisone 500 mg e.v., promethazine 50 mg e.v.

Anaphylactic reaction to ACD.

and O₂ were administered, with disappearance of symptoms in about 3 h.

Thereafter, a detailed clinical history pointed out aspects previously not reported by the patient: during the preceding two blood donations, she had generalized itch lasting about 30 min in the first occasion and almost 1 h in the subsequent. Besides, from 3 years she had persistent rhinitis exacerbated by indoor staying. Skin prick tests with a standard panel of inhalant allergens gave a positive result (+ + +) to the mould *Mucor racemosus*. ACD was tested by the intradermal technique using the anticoagulant contained both in plastic and in glass tubes, with an intensely positive reaction and no differences between the two tubes (+ + + + for both).

The kind of symptoms, including asthma and urticaria, and the positive skin reaction allow to consider this reaction different from the previously described atypical reactions – characterized by flushing and hypotension – and to classify it as an allergic reaction of the anaphylactic type in an atopic subject.

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Anaphylaxis by poinsettia in infants with atopic eczema

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Key words: anaphylaxis; atopic eczema; latex allergy; poinsettia.

Poinsettia [*Euphorbia pulcherrima*] is popular in Japan. Poinsettia had cross-reactivity with latex, and asthma was caused by poinsettia (1, 2). We experienced anaphylactic shock by poinsettia in two infants with atopic eczema (AE). Both of the patients had latex allergy (LA).

Patient 1 is a 2-month-old male. He had AE since birth. He was breast-fed, but he was partly bottle-fed using a natural rubber latex teat. Mother noticed that he had wheezing and paleness of face upon bottle-feeding, but not breast-feeding. The symptoms were improved after feeding. Mother suspected cow's milk allergy, and she bottle-fed him with

extensively hydrolysed milk formula, but symptoms occurred. One day, mother bought poinsettia and the infant touched leaves of poinsettia. After a while, he had wheezing and he became unconscious. Upon emergent admission, he was treated with injection of dexamethasone, with prompt recovery. He was found to have LA (Table 1) and egg white, but not cow's milk allergy. Mother stopped bottle-feeding and avoided latex products. Thereafter, the infant had no wheezing or anaphylaxis. Moreover, AE was significantly improved.

Patient 2 is an 8-month-old female. She had AE since 2 months, which was treated with steroid ointment, but without effect. She was bottle-fed using a silicone rubber teat containing latex. Mother bought poinsettia before the infant was born. One day, the infant was touching leaves of poinsettia. Soon after, the mother noticed that the infant became unconscious. Upon emergent admission, she was treated with injection of dexamethasone, with prompt recovery. She was found to have LA (Table 1) and egg white, but not cow's milk. Mother stopped bottle-feeding and avoided latex products. Thereafter, the infant had no anaphylaxis, and AE was significantly improved.

After obtaining informed consent from parents, 50 healthy infants (aged 2 months to 9 months) who visited our hospital for screening of allergy, 50 AE infants with LA (SCORAD index: mean 9) (aged 2 months to 11 months), or 50 AE infants without LA (SCORAD index:

Anaphylaxis by poinsettia was observed in infants with atopic eczema having latex allergy.

Table 1. Sensitization to poinsettia and latex (before/after)

	Patients	Healthy infants	AE with LA	AE without LA
SPT to poinsettia*				
3 +	2/0	0/0	27/11	0/0
2 +	0/0	0/0	23/18	0/0
0	0/2	50/50	0/21	50/50
SPT to latex*				
3 +	2/0	0/0	22/10	0/0
2 +	0/0	0/0	28/11	0/0
0	0/2	50/50	0/29	50/50
Latex FEIA†	7.3 (0.4)/ < 0.34	< 0.34/ < 0.34	12.5 (0.6)/3.2 (0.2)	< 0.34/ < 0.34

*Skin prick test (SPT) to poinsettia or latex before or after avoidance of latex products in patients, healthy infants, atopic eczema (AE) with or without latex allergy (LA). Wheal responses greater than 2+ are positive. Number of subjects are shown.

†Mean (SE) serum latex-specific IgE levels (IU/ml).