
Correspondence

Latex/Allergy

To the Editor:

The two papers^{1,2} and the Editorial³ appearing in the February 2000 issue of the *Annals* prompted us to report our personal experience with latex (NRL) allergy in non-risk groups, i.e. occupationally unexposed subjects sent to our outpatient allergy clinic to rule out allergic diseases.

A total of 599 subjects were enrolled. Over 90% were adults. None was affected by spina bifida or had a history of multiple surgical or medical procedures. They all underwent skin prick test (SPT) with the most common inhalant allergens and/or food allergens depending on the clinical problem and with a commercially available NRL preparation (Stallergènes, Antony, France). In a proportion of subjects, RAST with inhalant and/or food allergens was also performed.

Of the 599 subjects, 447 could be classified as atopics on the basis of SPT and/or RAST results and clinical features, the remaining 152 as non-atopics due to the negative results of the same parameters. Forty-one out of the 447 atopics were found to be NRL SPT positive (9.2%), whereas none of the non-atopics tested positive. Of the 41 NRL-SPT positive atopics only 3 (0.7% of the whole atopic population) complained of minor symptoms when exposed to NRL gloves (sneezing, itching, mild urticarial lesions of the hands). Systemic reactions were never observed in any of the 599 NRL SPT tested subjects, thus confirming that the test is safe. None of our patients had ever experienced symptoms by NRL cross-reactive food allergens.

Conclusively, in our occupationally unexposed population, NRL sensitization, as detected by SPT, seems to be confined to atopic individuals in whom it is not a rare phenomenon. NRL allergy however, is often asymptomatic and, when clinically overt, symptoms are generally mild. Although we believe that atopics should be screened for NRL allergy in order to prevent possible major complications, our results are in line with what affirmed in the Editorial by Bubak³: NRL is just an allergen and not some mystical entity.

DANIELA ZAULI, MD
GAIA DELEONARDI, MD
ALBERTO GRASSI, MD
FRANCESCO B. BIANCHI, MD
Department of Internal Medicine,
Cardioangiopathy, Hepatology
University of Bologna, Italy

REFERENCES

1. Ownby DR, Williams PB, Magera B. A blinded evaluation of two commercial in vitro tests for detection of latex-specific IgE antibodies. *Ann Allergy Asthma Immunol* 2000;84:193–196.
2. Saxon A, Ownby D, Huard T, et al. Prevalence of IgE to natural rubber latex in unselected blood donors and performance characteristics of AlaSTAT testing. *Ann Allergy Asthma Immunol* 2000;84:199–206.
3. Bubak ME. Allergy to natural rubber latex. *Ann Allergy Asthma Immunol* 2000;84:175.

Response:

The letter by Dr. Zauli et al confirms previous observations that a very large percent (100% in their hands) of subjects who test positive on screening for IgE to natural rubber latex (NRL) are atopic individuals. That the vast major-

ity of their positive subjects (38 of 41) were asymptomatic upon exposure to NRL again confirms reports that many people with IgE to NRL detected by skin testing or by in vitro testing do not react clinically. These data likely reflect the fact that atopic individuals have a broad array of cross-reacting antibodies which bind to NRL latex but which did not have clinical relevance. Such atopic individuals probably were not primarily sensitized to NRL but to some cross-reacting food or inhalant allergen.

The authors' suggestion that all atopic individuals be screened for NRL IgE sensitization "in order to prevent possible major complications" is controversial. The issue is that since the vast majority of individuals detected by such screening are not clinically reactive, what is the overall value of the information? Does one subject >90% of "positive" individuals to unnecessary life style changes and precautions with their attendant expenses? This issue has been addressed by other researchers who came to the conclusion that the benefit from screening all atopics was not worth the "risk" or costs involved¹. It is certainly an area that is open to debate today.

I whole heartedly agree with the authors' final comment: "NRL is just an allergen and not some mystical entity".

ANDREW SAXON, MD
UCLA School of Medicine
Los Angeles, CA

REFERENCE

1. Porri F, Lemiere C, Birnbaum J, et al. Prevalence of latex sensitization in subjects attending health screening: implications for a perioperative screening. *Clin Exper Allergy*, 1997;27:413–417.