

SPTs were positive for alder (+), ash (++), birch (++), hazel (+), grass (+++), and rye pollen (++) as well as *Alternaria* (+), *Aspergillus* (+), dog epithelium (+), rat hair (+), *F. benjamina* leaves (+), and wood (+). The prick-prick test with the *Schefflera* leaf, performed on two different occasions, was twice positive (++; wheal ≥ 5 mm) as it was for the *Schefflera* twig (+; wheal = 3 mm), but it was negative in three nurses – one of them highly atopic – on our staff. The prick-prick tests of the patient's other green plants were all negative (*Spathiphyllum*, *Aglo*, *Epimedium*, *Marginata*, *Yucca*, *Fragrans*, and *Cyssus*), as were the SPT and scratch tests for her plant care substances (Paraderil® 0.5%, Sano-Plant® 2%, and Promanek® 2%).

The CAP results were strongly positive for *F. benjamina* (k81) (11.20 kU/l, class 3);* weakly positive for latex (0.55 kU/l, class 1) and rat multidisk (0.59 kU/l, class 1); and negative for dog epithelium, *Aspergillus*, and *Alternaria* (<0.35 kU/l, class 0). The CAP results for *Schefflera* were weakly positive with the highest allergen concentrations (1000 μ l: 0.39 kU/l, class 1; 2000 μ l: 0.46 kU/l, class 1).

■ The clinical history and the positive SPT and CAP validated the diagnosis of allergic rhinoconjunctivitis and asthma caused by both *F. benjamina* (*Fb*) and *Schefflera* (*S*). By means of the positive CAP to the *S* leaves extract, the IgE-mediated nature of the positive SPT reactions with the leaves of *S* could be demonstrated. The exposure to these plants happened only at work. After terminating her employment and changing her profession, the patient remained symptom-free. The remaining mild seasonal rhinoconjunctivitis was due to the pollinosis.

■ The umbrella tree (*S*), of the Araliaceae family, is a widely distributed ornamental plant. The family comprises approximately 200 species. Outside tropical and subtropical regions, *S* grows only in nurseries. The most common species in households are *S. actinophylla* and *S. arboricola* (9). The cross-reactivity between *Fb* and latex (*Hevea brasiliensis*) is well known (10). There is also the possibility of cross-reactivity between *Fb* and *S* or another non-flowering green plant. Due to the weak reaction to *S* in the CAP examination, inhibition experiments to either *Ficus* or latex were not performed. Certainly, in the present paper, we demonstrated that another ornamental indoor plant can cause occupational respiratory allergy, and that *S* should therefore be considered a potential indoor allergen. If occupational allergy is suspected in a gardener, there should be no delay in undertaking a prick-

prick test with the plants in question. One can assume that allergies to ornamental plants will increase in the future.

Key words: Araliaceae; *Ficus benjamina*; indoor allergen; indoor plant; occupational allergy; *Schefflera*.

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Simultaneous IgE-mediated urticaria and contact dermatitis from latex

THE coexistence of IgE-mediated urticaria and contact dermatitis from latex proteins in the same individuals is rare and underreported. Several of such cases were noted and discussed.

We report the simultaneous existence of IgE-mediated urticaria and contact dermatitis in seven patients. The cases were selected from the pool of our patients with hypersensitivity to latex.

Table 1. Results of tests and skin reactions

Patient no.	Prick test with latex extract	RAST to natural rubber latex	Patch test with raw latex	Patch test with latex	Thiuram mix	Carba mix	Skin reaction	
							Contact dermatitis	Urticaria
1	+	+	+	NT	-	-	+	+
2	+	-	+	+	-	-	+	+
3	+	+	- ^a	NT	-	-	+	+
4	+	+	+	-	-	-	+	+
5	+	-	+	- ^b	-	-	+	+
6	+	+	NT	NT	+	+	+	+
7	+	NT	NT	NT	+ ^c	+ ^c	+	+

NT: not tested.

^aPrick test to raw latex was positive.

^bPositive reaction to one of own latex gloves.

^cNegative in past.

All but one were in medically related occupations. There were six women and one man. Their ages ranged from 20–30 to 60–70. All patients (exceptions as noted) underwent the prick test with latex extract; the radioallergosorbent test (RAST) to natural rubber latex; and patch tests with raw latex, latex (or own gloves as noted), and thiuram and carba mix, two major chemical additives. We have previously described the methods of prick and RAST (1). Test results are summarized in Table 1.

All patients had a positive reaction to the prick test with latex extract. Although patients 1–5 did not react to thiuram and carba mix, they were positive to either RAST, patch tests, or the prick test with raw latex. Although RAST in patient 7 and patch tests with latex and raw latex in patients 6 and 7 were not done, both patients reacted to thiuram and carba mix and the prick test with latex extract.

It has been shown that natural rubber latex can cause contact urticaria (2). On the other hand, chemical additives to rubber latex have been reported to cause contact dermatitis (3, 4). In this report, we presented data in which both IgE-mediated urticaria and contact dermatitis were seen in the same individuals. In an earlier report, such a dual sensitivity was shown in a 6-year-old, immunosuppressed boy (5). van Ketel reported contact urticaria from rubber gloves in a 29-year-

old surgical assistant after dermatitis from thiuram (6).

For patients who have contact dermatitis from the use of disposable rubber gloves, we would recommend testing with both raw and processed latex extracts and major additive chemicals. Identification of the specific chemicals with patch testing would help in the selection of suitable latex products.

Key words: contact dermatitis; latex allergy; urticaria.

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