

Severe reaction on SPT

E.s. Netti, G. Napoli, E. Damiani, A. Ferrannini, T. Alfredo

Key words: cypress; latex; skin prick test; urticaria/angioedema.

● SINCE THEIR introduction skin prick tests (SPTs) have been fundamental to the diagnosis of allergic diseases. More than a hundred reagents are available now (1). SPTs are considered safe and systemic reactions during their execution are extremely rare (1,2). Here we describe the case of a very severe systemic reaction during SPT to cypress extract.

The patient is a 35-year-old nurse who came to our Allergy Department because of itching and diffused erythema, cough, asthma, palpebral-labial edema, and rhinoconjunctivitis. This reaction began after using latex gloves. The patient also referred dyspnoea, conjunctivitis and rhinitis every time she entered the coronary unit in which she worked.

Because of a positive history suggesting a latex allergy, a blood sample was collected for latex radioallergosorbant assay (CAP RAST FEIA Pharmacia, Uppsala, Sweden) which was positive, showing a high concentration of specific IgE for latex (90.2 KU/l). Furthermore, the patient referred three months of oculorhinitis and asthma between December and February. For this reason, she received SPTs to common inhalants including cypress at 1/100 w/v (Bayropharm, DHS, Milan, Italy), using a 1-mm tip disposable lancette (Bayer).

Wheals less than ++ by comparison with histamine 10 mg/ml were considered negative (3). The patient showed a +++ cypress SPT 3 min after prick test execution, and showed diffused urticaria, dysphonia, dyspnoea and itching hands. The reaction completely faded within 1 h of therapy with intravenous chlorphenamine, intravenous bethamethasone and subcutaneous epinephrine.

Urticaria/angioedema on skin prick test to cypress.

This is the first case in the literature of a reaction after SPT to cypress. In our clinic we have performed 15 000 cutaneous tests for this allergen without any adverse reactions.

Such a systemic reaction after a cutaneous test for cypress might arise from cross-reactivity between latex and cypress antigens. In fact there are common carbohydrate antigens in the extract of *Cupressus arizonica* and *Ficus benjamina* latex, to which IgE of patients presenting with cypress allergy would react (4,5).

Previous studies have shown that latex SPT is a safe test, not causing any adverse reactions if correctly executed (6,7). In contrast, more recent studies have shown reactions to cutaneous tests for latex, which suggests that tests should be performed *in vitro* before being performed cutaneously on patients with a history of latex allergy with systemic symptoms (2,8,9). Therefore we propose that patients with severe allergic latex reactions in which allergy to cypress is suspected should undergo specific IgE evaluation for cypress before cutaneous tests in order to avoid systemic reactions.

Cattedra di Allergologia e Immunologia Clinica
Padiglione Chini-Policlinico
Piazza Giulio Cesare
70124 Bari
Italy
Tel: 0339 0805 592821
Fax: 0339 0805 478780
E-mail: e.nettis@allergy.uniba.it

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References

1. VALYASEVI MA, MADDOX DE, LI JT. Systemic reactions to allergy skin tests. *Ann Allergy Asthma Immunol* 1999 August;**83**:132–136.
2. NETTI E, DAMBRA P, TRAETTA PG, LORIA MP, FERRANNINI A, TURSI A. Adverse reactions during skin prick test for latex. *Allergy*, in press.
3. BOUSQUET J, MICHEL FB, et al. In REED CE, ELLIS EF, ADKINSON NF, YUNGINGER JW, BUSSE WW, editors. *Allergy: Principles and Practice*, 4th edn. St Louis: CV Mosby, 1993, 573–594.

4. AFFERNI C, IACOVACCI P, BARLETTA B, et al. Role of carbohydrate moieties in IgE binding to allergenic components of *Cupressus arizonica* pollen extract. *Clin Exp Allergy* 1999;**29**:1087–1094.
5. DIEZ-GOMEZ ML, QUIRCE S, ARAGONESES E, CUEVAS M. Asthma caused by *Ficus benjamina* latex: evidence of cross-reactivity with fig fruit and papain. *Ann Allergy Asthma Immunol* 1998;**80**:24–30.
6. TURJANMAA K, REUNACA T, RASANEN L. Comparison of diagnostic methods in diagnosis of surgical glove contact urticaria and contact dermatitis. *Contact Derm* 1988;**17**:241–247.
7. TURJANMAA K. Incidence of immediate allergy to latex gloves in hospital personnel. *Contact Derm* 1987;**17**:270–275.
8. BONNIKO B. Safety of latex prick skin testing in allergic patients. *JAMA* 1992;**267**:2603.
9. KELLY KJ, KURUP V, ZACHARISEN M, et al. Skin and serologic testing in the diagnosis of latex allergy. *J Allergy Clin Immunol* 1993;**91**:1140–1145.

Efficacy of a questionnaire for allergy

C. Incorvaia*, R. Asero, G. Bertelli, R. Pilone, F. Nitti

Key words: allergic diseases; epidemiology; questionnaire; skin tests.

● THE PREVALENCE of rhinitis, asthma and atopic eczema/dermatitis is increasing in western countries, while other conditions such as food hypersensitivity and insect venom hypersensitivity, as defined by the revised nomenclature for allergy (1), are relatively uncommon. The standardized questionnaire is a useful tool to detect allergy in the general population.

Recently, a number of observations were made using the questionnaire set up for the ISAAC study (2), which deals with asthma, rhinitis and eczema.

We used a questionnaire which aims also to detect urticaria and reactions to insect stings, to evaluate the complete clinical spectrum of hypersensitivity in a targeted population, and we assessed its reliability using skin tests. The questionnaire comprised six questions, dealing with nasal and bronchial symptoms and their duration, with skin symptoms and their