

visible mould, damp stains or water damage was reported (OR 1.29, 95% CI 1.06–1.56) (15).

The study is limited by self-reported exposure assessments, lack of data on sensitization to moulds or results of an atopy patch test, and a low response rate. Nonresponder analyses indicated that selection effects led to some over-estimation of the eczema prevalence. The associations described in the study, however, should not be influenced by selection bias, which would be introduced by a differential participation with respect to exposure and outcome.

Although this cross-sectional data have to be interpreted with caution, we have described a plausible association between an unfavourable indoor climate, HDM allergen exposure and AE, which may contribute to the evidence basis for further prevention strategies.

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Prevalence and alternative therapy methods for bee and wasp allergy in Van

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Key words: alternative therapy; complementary therapy; epidemiology; honeybee; hymenoptera allergy; insect allergy; systemic anaphylactic reaction; venom allergy; wasp.

Systemic allergic reactions to Hymenoptera stings have been reported in 1–4% of the whole population in various large studies (1). The frequency of insect allergy may be evaluated by anamnesis-based

Public awareness of the life-threatening potential of insect allergy is not sufficient in Van.

cross-sectional studies and/or skin-test results and specific serum IgE concentration assays (2). Most studies had been performed in developed countries (3–5), but there is no enough data in developing countries like ours. According to the Ministry of Agriculture and Rural Affairs reports, Turkey ranked as the fourth country in the world in terms of number of beehives and honey production, and annual honey production is increasing every year (6). Therefore, venom allergy is an important problem for our country. The aim of our study was to estimate, on the basis of an interviewer-administered questionnaire, the frequency of allergic sting reactions and the use of alternative therapy methods for it in our region. The study was carried out in 709 healthy people attending consecutively our University Hospital in Van to get a health report for driving licence, etc. 709 healthy clients were included in the study, and 564 (79.5%) of them were male and 145 (20.5%) were female. The mean age was

25.92 ± 8.46 years. There were no beekeepers in our study group. The number of people reported at least one insect sting for all their lives was 606 (85.5%). The rate of people who had a bee sting during last year was 22.6%. The geometric mean of sting exposure was 3.92 ± 4.59. A wasp was recognized by 53.1% of subjects as their last stinging insect, honey bee in 38.8% and 8.1% were not able to identify the insect. The prevalence of severe systemic sting reactions was 1.2%, whereas the prevalence of mild systemic reaction was 5.4%. Large local reactions were reported in 11.5%, and 81.42% had normal or mild local reaction. Emergency room visits were reported in 5% of all cases. Family history for bee/wasp allergy was 11.7%. The cases had taken place commonly in August (18.3%); and in July (15.7%). None of the people who had systemic reactions had knowledge about adrenaline auto-injector and none of them was receiving immunotherapy for bee/wasp allergy.

The question 'What did you do after the sting?' was answered as follows: Only nine people (1.5%) had the knowledge that they had to remove the stinger, and five people (0.8%) had the knowledge to use antihistamines. Application rate for medical care was 1.8%. Cold compress application was used in 102 cases (16.8%). One case reported analgesic usage. Six people could not remember what they had done after the sting. Among all cases, 331 people (54.6%) reported that they had done nothing after the sting. Distributions of the alternative therapy methods used for bee or wasp stings are shown in Table 1.

To our knowledge this is the first study on alternative therapy methods for bee/wasp allergy in eastern part of Turkey. Our study revealed that the public awareness for venom allergy is not enough. People did not know that there is a therapy method 'venom immunotherapy' and an 'adrenaline auto-injector' for emergency treatment in patients who had experienced severe systemic reactions. Many different traditional alternative methods are widely being used as the first choice of treatment among people although no scientific study has been performed to understand their effective-

Table 1. Alternative therapy methods for bee/wasp allergy

Alternative therapy methods	n
Applying clay to the stinger site	34
Applying tomato/tomato paste	24
Applying yoghurt	20
Applying hot stones	16
Squeezing/suctioning the stinger site	9
Washing with tap water	8
Applying garlic	4
Applying metal things	3
Let the stinger site to bleed	2
Applying alcohol	2
Applying salt	2
Applying onions	2
Applying warm compress	1
Applying honey	1
Applying stone	1
Applying sour fruit	1
Applying pressure with spoon	1
Applying pressure with hands	1
Smearing ointment	1
Applying sugar	1
Applying fig	1
Applying iron water	1
Applying ashes	1
Applying hot iron	1
Applying golden jewellery	1

ness and there is no proof of their efficacy.

In conclusion; public knowledge about bee/wasp allergy, and behaviour for searching medical care, even among patients who had overcome life-threatening events, is not sufficient in eastern Turkey. Traditional alternative treatment usage is very common, which is not yet proven to be effective.

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Successful treatment of cholinergic urticaria with anti-immunoglobulin E therapy

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Key words: anti-immunoglobulin E; cholinergic urticaria; mast cells; omalizumab; urticaria.

Cholinergic urticaria is typically characterized by intense pruritus and pin-sized wheals surrounded by erythema. Symptoms are provoked by an increase in body core temperature induced by passive warming (e.g. hot bath), physical exercise and/or emotional stress. Although most patients with cholinergic urticaria present only mild to moderate reactions, the symptoms can be severe with massive pruritus and wheal and flare reactions covering the whole body, sometimes with concomitant systemic reactions (1). An additional problem in these severe cases

A possible new treatment alternative and new insight into the pathogenesis of cholinergic urticaria.