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Anaphylactic reaction to unexpected latex in a polychloroprene glove

A. HEESE, K.-P. PETERS AND O. P. HORNSTEIN

Department of Dermatology, University of Erlangen-Nuremberg, Hartmannstr. 14, 8520 Erlangen, Germany

Key words: anaphylactic reaction; urticaria; latex; polychloroprene glove; laundry worker; natural rubber; occupational.

After Nutter's (1) first report of Type I allergy to latex in 1979, a considerable increase in immediate-type reactions to latex gloves has been noted. This seems to be mainly due to the increasing use of rubber gloves for protection against AIDS infection, especially in the medical professions (2-4). However, Type I allergy to latex may also be hazardous for domestic cleaners and related occupations (2, 5, 6).

Case Report

A 39-year-old patient with a history of allergic rhinitis and flexural eczema had been employed as a laundry worker since 1981. As well as sorting dirty linen according to its colour, he had to fill washing machines and to transfer wet laundry to tumble-driers. Due to the wet work involved in his job, he soon developed irritant hand dermatitis and started to wear natural rubber gloves when necessary. 2 weeks later, his skin symptoms cleared completely.

Since April 1985, he had complained of itching, reddening and an insect-bite-like rash on the backs of his hands, which usually developed within 10 min of donning his natural rubber gloves. He was instructed to wear polychloroprene gloves made by an

internationally known company as an alternative. However, when the patient used these polychloroprene gloves for the first time, he suddenly developed generalized urticaria combined with facial angioedema, severe shortness of breath, dizziness and a fall in blood pressure which required emergency care treatment.

Allergologic evaluation 2 months later revealed positive prick tests to latex test fluid (3+, according to (7)) and a piece of the patient's polychloroprene glove (3+, according to (7)), which were completely negative in 10 controls. Further prick tests with pure polychloroprene material obtained from another rubber company and with 1% solutions of different accelerators (thiurams, dithiocarbamates, benzothiazoles) remained negative. An additional glove use test with a polychloroprene surgical glove (Neolon®) did not cause any symptoms within 30 min. Finally, determination of specific IgE against latex with a commercially available radioallergosorbent test (Latex-RAST®, Pharmacia Diagnostics, Uppsala, Sweden) was positive (RAST class IV), thus confirming our diagnosis of Type I allergy to latex.

Enquiry of the manufacturer of the patient's polychloroprene glove revealed that the inside coating of the glove contained natural latex, which is fre-

quently added to minimize the considerable costs of this synthetic rubber polymer. However, this latex component was not declared on the glove package.

Comment

To our knowledge, there are no previous reports of Type I allergies to polychloroprene gloves. The contact urticaria syndrome stage-4 (8) in our patient provoked by donning a particular brand of polychloroprene gloves was attributable to small amounts of latex in the glove's inside coating. Since an immediate-type allergy to latex may rarely cause life-threatening anaphylactic reactions in sensitized persons (9-11), as in our patient, there is an absolute necessity for the declaration of latex, for example on glove packages. Future quality norms for protective gloves should take this into account.

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3 cases of contact dermatitis from alkylammonium amidobenzoate (Osmaron B®)

RUTH GOLDERMANN¹, KARIN SCHARFFETTER-KOCHANÉK¹, MARKUS BRUNNER¹, HANS MERK² AND GÜNTER GOERZ¹

¹Department of Dermatology, Heinrich Heine University, Moorenstrasse 5, 4000 Düsseldorf, Germany

²Department of Dermatology, University of Cologne, Cologne, Germany

Key words: alkylammonium amidobenzoate; Osmaron B®; allergic contact dermatitis; quaternary ammonium compounds; preservatives; biocides; antimicrobials; veterinary medicaments.

Quaternary ammonium compounds (quats) are widely used as preservatives and disinfectants in skin and eye preparations, shampoos, drugs, agricultural cleansers and industrial detergents. As surface active agents with antistatic properties, they are added to hair conditioners, textiles, paper products and pigment dispersers (1). Despite their wide use, allergic contact dermatitis is rare, but quats are strong irritants. The interpretation of patch test results can therefore be difficult (2).

Case Reports

Case no. 1

For 6 months, a 77-year-old woman had been suffering from chronic dermatitis on the soles. Subsequently, an extremely itchy dermatitis developed on her palms. She presented to our inpatient department with cellulitis of the lower leg. On examination, her palms and soles showed hyperkeratotic dermatitis with multiple fissures. Additionally, there was painful erythematous edema on the lower left leg. The

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