



“Keep that latex away from me!”

Karen Binkley, MD, FRCPC

Notes on Susan

Age: 28

Presentation: Presents with hand irritation


- ✓ Patient is a nurse.
- ✓ Hand rash has been present for three to four months and is becoming progressively worse.
- ✓ Hands are itchy, red and flaky.
- ✓ Susan has worked in the intensive care unit (ICU) for five years.
- ✓ She washes her hands frequently and is regularly required to wear gloves.
- ✓ Past history is remarkable for mild atopic dermatitis during childhood.
- ✓ She has seasonal allergic rhinoconjunctivitis that has been worse in the fall for the past two years; her symptoms are controlled with antihistamines.
- ✓ Recently, she has noticed increasing perennial symptoms that seemed to get better when she was on vacation.
- ✓ She had mild asthma during childhood, but is not currently taking any medications for it.
- ✓ She is otherwise well.
- ✓ Physical exam is unremarkable except for pale and swollen nasal turbinates.
- ✓ Chest is clear.
- ✓ There is an eczematous eruption over the dorsa of her hands.

What do you suspect?

Final diagnosis:

- *Irritant dermatitis*
- *Delayed type hypersensitivity reaction to latex or other glove component*
- *IgE-mediated hypersensitivity reaction to latex with associated occupational allergic rhinitis*
- *Atopic dermatitis with exacerbation due to occlusion*

- ✓ All of the above diagnoses may contribute, at least in part, to this patient's symptoms; in fact, her underlying atopic dermatitis and the occlusion caused by the frequent wearing of gloves may predispose her to irritant and delayed type hypersensitivity reactions.
- ✓ The patient is referred to an allergy specialist.
- ✓ Skin prick testing with dilute solution to latex confirms the presence of type I IgE-mediated hypersensitivity to latex. Although there is likely a component of type IV delayed hypersensitivity to the latex as well, patch testing is deferred since the patient does well using an alternate nonlatex glove.
- ✓ It will be necessary for Susan to avoid contact with rubber items like gloves, balloons, condoms, diaphragms, etc.
- ✓ Occasionally, systemic allergic reactions can occur after latex is ingested from foods handled with latex gloves; therefore, Susan is instructed in the use of autoinjectable adrenalin.
- ✓ All medical, surgical and dental care procedures Susan may undergo should be performed with nonlatex gloves and nonlatex equipment.
- ✓ She is recommended to consult with an anesthetist before any elective surgery.
- ✓ Ideally, it would be best if the patient and all co-workers could switch to nonlatex gloves; alternatively, allergen levels can be significantly reduced if co-workers switch to low-protein, nonpowdered gloves. Susan should, of course, wear nonlatex gloves in any event.

✓ Susan's hand dermatitis improves. Her symptoms of rhinitis are initially controlled with an intranasal corticosteroid, but this treatment is discontinued when the ICU switches to using nonlatex gloves. 

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