

In absolute numbers, the OB group had 15 patients who were positive for latex sensitization, whereas the non-OB group had 5 such patients, with both groups having 294 patients in each. In other words, the OB group had 10 more patients who tested positive for latex allergy than did the non-OB. Looking at the risk factors listed, one finds that the OB group had six to seven more patients with positive results than did the non-OB: specifically, drug allergy (atopy), seven more; food allergy (atopy), six more; other allergy (atopy), seven more; multiple surgeries, six more; and healthcare workers, six more. If this difference of six to seven patients accounts for the majority of difference in latex sensitization, the findings of higher prevalence in the OB group is because of the higher prevalence of risk factors.

Unfortunately, the authors do not discuss this confounding issue in their report. Thus, I must conclude that the authors did not have enough evidence to make the conclusion that pregnancy is a risk factor for latex allergy.

Amr E. Abouleish, M.D., M.B.A., University of Texas Medical Branch, Galveston, Texas. aaboule@utmb.edu

References

1. Draisci G, Zanfini BA, Nucera E, Catarci S, Sangregorio R, Schiavino D, Mannocci A, Patriarca G: Latex sensitization: A special risk for the obstetric population? *ANESTHESIOLOGY* 2011; 114:565-9
2. Sampathi V, Lerman J: Perioperative latex allergy in children. *ANESTHESIOLOGY* 2011; 114:673-80

(Accepted for publication June 29, 2011.)

Remove Latex from the Labor and Delivery Suite

To the Editor:

The recent article by Draisci *et al.*¹ showing an increased incidence of increased serum concentrations of specific rubber latex immunoglobulin antibodies among pregnant women is very important. We were interested, however, to know whether the two patients who actually exhibited anaphylaxis had increased concentrations of latex immunoglobulin E antibodies and/or positive latex skin tests. In the methods, it is noted that "skin-prick tests and intradermal tests with oxytocin or other drugs administered in the study were performed to exclude drug allergy in patients who experienced adverse reactions." It is possible that these two patients could have in fact been allergic to other allergens and this information was not reported. The treatment of anaphylaxis, especially in a pregnant patient with a potentially difficult airway, who is exhibiting facial edema and "throat closure," may also require adrenaline and a low threshold for intubation.² It would also be of interest to know whether among the pregnant women with latex hypersensitivity the serum concentrations of rubber latex immunoglobulin

E became normal after pregnancy. Although the reasons behind the increased serum concentrations of rubber latex immunoglobulin E, potentially increasing the incidence of latex hypersensitivity among pregnant women, are pure speculation, as discussed,¹ the danger is clear. The way to avoid this life-threatening problem altogether is to remove latex (gloves or catheters) from the operating room in the labor and delivery suite.

Carolyn F. Weiniger, M.B., Ch.B.,* Linor Pe'er, Meir Shalit, M.D. *Hadassah Hebrew University Medical Center, Jerusalem, Israel. carolynfweiniger@gmail.com

References

1. Draisci G, Zanfini BA, Nucera E, Catarci S, Sangregorio R, Schiavino D, Mannocci A, Patriarca G: Latex sensitization: A special risk for the obstetric population? *ANESTHESIOLOGY* 2011; 114:565-9
2. Weiniger CF, Levin PD: Anaphylaxis during cesarean section: The importance of a good history (abstract). *Int J Obstet Anesth* 2009; 18:S14

(Accepted for publication June 29, 2011.)

In Reply:

We appreciate Dr. Abouleish's deep attention in revising our article¹ and we thank him for his comments. To investigate a possible history of allergy in our patients, we designed our questionnaire according to data in the literature.²⁻⁵ All risk factors (multiple surgical procedures, high-risk work, atopy, cross-reacting fruits/vegetables, previous history of allergy) associated with latex sensitization were analyzed. The same factors were recently described by Sampathi and Lerman as risk factors for developing latex allergy in children.⁶ In table 1, we reported the statistical differences between pregnant and nonpregnant patients. Even if the two groups showed different frequencies or means for all variables, those differences were not significant ($P > 0.05$), that is, the pregnant and nonpregnant groups were omogenous. In contrast with previous data reported by Chen *et al.*,⁷ we found no significant correlations between accepted risk factors and latex sensitization in our study.

We also thank Dr. Weiniger for the interest in our work. In our data, the two patients who experienced an adverse reaction previously experienced allergic disease and hand hitching after the use of rubber gloves. In studies performed before surgery, both patients revealed a sensitization to latex, presenting with a latex immunoglobulin E serum concentration of 100 kilo units/l and 5.33 kilo units/l, respectively. After adverse reaction, skin-prick and intradermal tests were performed to detect latex allergy: both tests were positive. Oxytocin and other drugs were administered and tested, and other drug allergies were excluded. After pregnancy, high-latex immunoglobulin E serum concentration was reported, and the patients were managed with desensitizing treatment.