

The incidence of latex allergy has risen dramatically in recent years to between 1% and 6% of the population. This increase in incidence has been attributed to the increased use of latex in biohazard protection and manufacturing changes. The allergic reaction can range from irritation and dermatitis to full blown anaphylaxis. Excluding antibiotic reactions, this is the most common cause of anaphylaxis in the operating room. The most serious form of this reaction is IgE mediated.

People who have frequent exposure to latex are the ones who are most commonly afflicted with this allergy. The list includes doctors, nurses, emts/paramedics, ancillary hospital staff, and patients with spina bifida and spinal cord or genitourinary defects. It is estimated that as many as 1 in 10 healthcare providers have a latex allergy. Certain food allergies can indicate a predisposition for latex allergy. These foods are: soy, banana, mango, passion fruit, kiwi, strawberry, and avocado. The preop anesthetic interview should always include a thorough investigation of possible latex/food allergy.

Once the triggering agent has been introduced to the patient, the allergic cascade begins. Symptoms may not present for up to 1 hr. Consequently, the signs and symptoms may be misinterpreted as a reaction to another drug or from blood products. Treatment is airway control (ABCs) and the standard h1 and h2 blockers, steroids, epinephrine, fluids, and 100% O₂.

Latex allergies must be taken seriously regardless of previous symptoms. Once we are informed of a true or alleged allergy, the respective institution's latex allergy protocol must be followed. Check all equipment to ensure it is latex free, consult with pharmacy to find out if any latex is in medication vials, and review the latex protocol at your hospital/surgery center, i.e. airing the room out for some period of time. These patients may also benefit from pretreatment with histamine blockers and steroids, although this practice is controversial.

Center for Anaphylactic Support. Causes of Anaphylaxis. [Online] September 11, 2008
<http://www.epipen.com/causes_latex.aspx>.

Morgan GE, Mikhail MS, Murray MJ. Clinical Anesthesiology. 4th ed. New York, NY: McGraw-Hill; 2006: 973-974.