American Latex Allergy Association

Latex as a Food Allergen

To the Editor: Since 1985, when the use of latex gloves by health care workers became common, 5 to 10 percent of health care workers have been sensitized to latex.1 We report a case in which dermatitis, nasal congestion, and asthma developed in a 46-year-old periodontist on exposure to latex about five years after she began to use latex gloves routinely in her work. Her sensitivity to latex was confirmed by a radioallergosorbent test. She also had an acute reaction, which was characterized by vaginal itching, itching of the abdomen, wheezing, shortness of breath, and hypotension, when a latex-contaminated probe was used for an ultrasound examination of her uterus and ovaries as part of an evaluation for infertility. Her symptoms improved when she removed all latex products from her office.

During the past seven years, she noted reactions to foods she ate at restaurants or purchased in markets where the food was handled by employees wearing latex gloves. She did not have a reaction to these same foods when they had not come in contact with latex. Because the contamination of food with latex had not been reported as a cause of allergic reactions, with her consent we performed a double-blind test in which we asked her to drink orange juice stirred with a latex glove on one occasion and to drink orange juice not stirred with a latex glove on another occasion. Within 35 minutes after drinking the juice stirred with latex, she had wheezing, tightness of the chest, and flushing of the face and lips. She was treated with promethazine and prednisone; her symptoms cleared within one hour and did not recur. She had no symptoms after drinking the juice that was not stirred with latex.

This patient is probably not unique. A recent paper described food allergies in many latex-allergic patients2; these food allergies were diagnosed on the basis of a history of symptoms after the ingestion of food but were not confirmed with a skin test. Some of these patients may have reacted to latex contamination rather than to the food itself. Although some foods cross-react with latex, a cross-reaction is not likely to be the cause of most of the reactions reported.

So far, the sensitization of food handlers to latex has not been recognized as a problem. This may be because the conditions of exposure differ from those of health care workers. Food handlers have less job permanence, they change gloves less often, and the powdered surface of the glove is wetted by the food being handled. Nevertheless, the elimination of latex, which is already under way in the health care environment, should also be extended to the food-handling environment, to protect consumers sensitized by other exposures.

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1. Slater JE. Latex allergy. J Allergy Clin Immunol 1994;94:139-149.
2. Kim KT, Hussain H. Prevalence of food allergy in 137 latex-allergic patients. Allergy Asthma Proc 1999;20:95-97.

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