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P2

Hidden food allergies precipitating acute asthma

EXHIBITING, G.E. GONZALEZ, M.D., B.K. ALLEN, F.C. E.M. ALLEN

TAMPA, FLORIDA

It is a 13 year old girl with a long history of severe food allergy, allergic rhinosinusitis, recurrent sinusitis, and mild asthma. EIA was treated from sinusitis treatment when she developed a severe episode of asthma while juggling bean bags. She was brought over to our office where we treated 2 respiratory treatments with rebulized albuterol, one intravenous injection of epinephrine, and ipratropium bromide via nebulizer. Later that day after her peak flow had normalized the patient again experienced another episode while juggling the bean bags. Three episodes occurred at home with 2 rehabilitated treatments of albuterol. The patient was already on systemic steroids. In the past, exercise has been a major trigger for asthma. Rather inquiries led to a similar episode 2 or 3 years prior when she was also playing with the bean bags. The bean bags had been stored in a closet for years and she had not been in contact with them. After contacting the company that made the bean bags it was revealed that they were filled with crushed walnuts. This patient has been noted to have 4 reactions to walnuts as well as other nuts. Repeat skin tests showed an again markedly positive reactions to walnuts and pecans, as well as other food allergens. Another skin test positive, Four allergic children experienced threat modeling at school when they were playing with bean bags. It related the incident to his mother stating: "I felt like I ate a peanut".

GOMEL:

Hidden food allergies can precipitate asthma and other allergic reactions. Pharmacists and other healthcare providers should provide warnings of the components used in their products.

P3

Ris" and "Her" Food Allergy: Gender-Neutral, Gender-Pervasive & Gender-Specific

Yadim I. Flatt, M.D., Ph.D. and Philip Erdberg, M.D.
San Francisco, California, U.S.A.

To evaluate possible clinical significance of gender-bias regarding food allergy and food intolerance among adult atopic individuals, 160 male and 298 female participants in the San Francisco Immuno-Personology Project were asked about their self-perceived food allergy or intolerances (SFPF/1). Results show that 31.3% of males and 40.9% of females reported that certain foods can induce some allergic reaction(s) or exacerbate existing allergic symptoms. Gender-neutral perception of food allergy was found to tomatoes, strawberries, onions, alcoholic beverages (4 foods); gender-pervasive perception of food allergy/intolerances for males: Benadryl, Cognac, Gin, Vodka, Light Beer, Dark Beer and White Wine (7 foods) For females: Shrimps, Coffee, Red Wine, Champagne (4 foods). Gender-specific perception of food allergy/intolerances for males: Cabbage, Bay Shrimps, and Salty Foods (3 foods) For females: Grapes, Lemos, Oranges, Pineapples, Mangoes, Dry Fruits, Curr, Garlic, Nuts, Pistachios, Sunflower, Fish, Crab, Oysters (15 foods). The findings suggest that (1) atopic females more frequently perceived food allergy/intolerances than atopic males, (2) only a few different foods were perceived as food allergy/intolerances with equal frequency (gender-neutral), (3) female gender-specific food allergy is significantly more diverse than male gender-specific food allergy.

P4

Paediatricians' attitudes to preventive formula use in Milan. A. Fasoli MD, R. Ghidella MD, D. Decloet MD, G. Api MD, M. Giordani MD, E. Riva MD - Milan, Italy

In 1997, the Provincial Centre for Allergy Care was established in Milan, with the aim of coordinating the outreach activities of all allergy units in the Province. As preventive dietary intervention for infant atopy is widespread, it was decided to find out which protocols paediatricians actually "performed". In April 1997 we sent a self-administrated postal questionnaire to the 28 auscultation units within the Province of Milan. All the units contacted responded. Nurses at risk for allergies are identified by all units. High allergy risk: however, are discussed with mothers only in 30% of cases before, in 43% during, and in 11% after their hospitalization. Although all units take a detailed history of family allergy, only 46% report to know whether relatives underwent a specialist allergy work-up. Breast-feeding is recommended to all units and a mandatory diet for milk, eggs, and their trans-products in 55%. Occasional or routine prescription of a lactose-supplement formula before milk let-down occurs in 25% of units. In case of breast-feeding failure, a special formula is recommended when one relative with grade II allergy or one allergic parent can be identified (70.3% of units in each case), while 70% require both parents and/or one sibling with allergic disease for preventive dietary intervention. The following recommendations are made: soy formula, 24%, partially hydrolyzed formula, 20%, extensively hydrolyzed formula, 15%, occasional use of one of the above, 15%. We conclude that:

- timely (i.e., late-parenthood) decision-making is not the rule
- the allergy specialist’s role in the diagnosis and definition of allergic disease remains underestimated by neonatologists
- many units may expose neonates to small doses of cow’s milk
- a large number of neonates may be subjected to diets of unproven efficacy for their allergy risk
- maternal elimination diets for major food allergens should be discussed with mothers of high-risk babies.
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Official Publication of the American College of Allergy, Asthma & Immunology
Abstracts: Poster Sessions

P1
CULTURAL PATTERNS AND FOOD SENSITIZATION IN MONTERREY, MEXICO.
GABRIELA GALINDO MD, ALFREDO ARIAS MD, SANDOVAL GONZALEZ MD, CARLOS CANSECO MD, MONTERREY, N.L., MEXICO

Food allergy occurs in approximately 7.4% of the general population in Monterrey, Mexico. There are few epidemiological studies regarding this issue. An objective to establish the correlation between the most frequent foods included in the diet of children under 10 years and positive skin tests to foods.

METHODS: A selected battery of specific food antigens for skin testing, a randomized questionnaire asking for foods more often included in the diet of 10 children under 10 years old attending the allergy clinic at the University Hospital of the UANL. An allergy test was applied to 10 consecutive children attending the allergy clinic by prick test.

RESULTS: Milk and dairy products (85%), wheat (84%), banana (79%), potato (75%), rice (74%), apple (71%), pear (71%), egg (71%), corn (69%), and chicken (55%) were the most often eaten by these children. 51% of them had skin tests positive, 2% were under 4 years of age. The most frequent food positive in the skin test was egg (64%). Chicken and pork (54%), egg and corn (21%), and corn and banana (26.6%) milk, wheat, and hot pepper (14%). Thus, under 1 year were positive to milk, corn, wheat, chicken and potatoes.

P2
RED ALLERGIES: PRECIPITATING AGENTS AS ASHAMRIGENS.
G. GONZALEZ, M.D., B. A. ALLEN PHD, E. A. ZERBINO, B. H. WILDE.

Ea is a 13 year old girl with a history of severe food allergy, allergic rhinitis on immunotherapy, concurrent sinusitis and mild asthma. Ea was recovering from sinusitis treatment when she developed a severe episode of asthma while playing with her kitten. She was brought to our office where she required 2 respiratory treatments with' albuterol', one intranasal injection of epinephrine, and inhaled and topical Cortizone via MDI. Later, she developed a second episode and the patient was hospitalized with respiratory syncytial virus. Other patients were hospitalized with respiratory syncytial virus and were treated. The patient again experienced another exacerbation of asthma during the episode. These episodes resulted in hospitalization with respiratory syncytial virus and were treated. The patient was recovered from respiratory syncytial virus and was treated. The patient was recovered from respiratory syncytial virus and was treated. The patient was recovered from respiratory syncytial virus and was treated.

P3
"RED" AND "BEE" FOOD ALLERGY: GENDER-NEUTRAL, GENDER-PREVALENT, GENDER-SPECIFIC.
Yadin J. Kvitash MD, PhD and Philip Erdbrungh, PhD, San Francisco, California, U.S.A.

To evaluate possible clinical significance of gender-bias regarding food allergy and food intolerances among adults and children.

METHODS: 160 male and 298 female participants in the San Francisco Immuno-Personology Project were asked about their self-perceived food allergy or intolerances (SPP/A). Results showed that 31.3% of males and 40.9% of females reported that certain foods could induce some allergic reaction(s) or exacerbate existing allergy symptoms. Gender-neutral perception of food allergy was found for tomatoes, strawberries, onions, alcoholic beverages, and foods, while gender-prevalent perception of food allergy or intolerances was found for males: soybean, wheat, and milk, and for females: tomato, strawberry, and soy sauce.

RESULTS: Gender-neutral perception of food allergy for males: beans, nuts, milk, and soybeans. Gender-prevalent perception of food allergy for females: tomatoes, strawberries, onions, and alcoholic beverages.

DISCUSSION: Gender-neutral perception of food allergy is common among adults and children. The findings suggest that (1) diets and previous food allergy/intolerances are not atopic males and females, (2) only a few different foods were perceived as food allergy/intolerances with equal frequency (gender-neutral), (3) female gender-specific food allergy is significantly more diverse than male gender-specific food allergy.
Abstracts: Poster Sessions

P1 DIET CULTURAL PATTERNS AND FOOD SENSITIZATION IN MONTERREY, MEXICO.
GABRIELA GALINDO MD, ALFREDO ARIAS MD, SANDRA GONZALEZ MD, CARLOS CANSECO MD, MONTERREY, N L MEXICO

FOOD ALLERGY OCCURS IN APPROXIMATELY 1% OF THE GENERAL POPULATION. IN MONTERREY, MEXICO THERE ARE FEW EPIDEMIOLOGICAL STUDIES REGARDING THIS ISSUE. OBJECTIVE: TO ESTABLISH THE CORRELATION BETWEEN THE MOST FREQUENT FOODS INCLUDED IN THE DIET OF CHILDREN UNDER 14 YO AND POSITIVE SKIN TESTS TO FOODS.

METHODS: SELECTED BATTERY OF SPECIFIC FOOD ANTIGENS FOR SKIN TESTING, A RANDOMIZED QUESTIONNAIRE ASKING FOR THE FOODS MORE OFTEN INCLUDED IN THE DIET OF 10 CHILDREN UNDER 14 YO ATTENDING THE ALLERGY CLINIC AT THE UNIVERSITY HOSPITAL OF THE UAM. THE APPLIED TESTS WERE IN THE DIET DAILY OR AT LEAST 4 DAYS A WEEK. THE SELECTED BATTERY TO SPECIFIC FOOD SENSITIVITY WAS APPLIED TO 10 CONSECUTIVE CHILDREN ATTENDING THE ALLERGY CLINIC BY PRICK TEST.

RESULTS: MILK AND DAIRY PRODUCTS (35%), WHEAT (18%), BANANA (15%), POTATO (7%), RICE (5%), APPLE (3%), BEANS (2%), EGG (2%), CORN (2%), AND CHICKEN (2%) WERE THE MOST OFTEN EATEN BY 13 CHILDREN. 50% OF THEM HAD SKIN TESTS POSITIVE, 11% WERE UNDER 4 YEARS. THE MOST FREQUENT FOOD POSITIVE TO SKIN TEST WAS EGG (25%), CHICKEN, AND PORK (12%), CORN, BANANA (11%), MILK, WHEAT, AND HOT PEPPER (10%).

P2 HIDDEN FOOD ALLERGIES PRESENTING AS ACUTE ASTHMATIC EXACERBATIONS. C.E. OLIVARES, M.D., R.E. ALLEN P-H, E.A. ANDREWS, UAB, BIRMINGHAM, ALABAMA.

EA is a 13 year old girl with a known history of severe food allergy, allergic rhinitis on intranasal, recurrent sinusitis and mild asthma. EA was recovering from sinusitis treatment when she developed a severe episode of asthma while playing in a park. She was brought over to our office where she required 2 respiratory treatments with salbutamol, a subcutaneous injection of epinephrine, oral steroids, and inotropes from oral and IV Mg. Later that night, EA went into another anaphylactic reaction, requiring further sinusitis treatment with epinephrine, oral steroids and inotropes. These episodes repeated at home with 2 respiratory treatments of albuterol. The patient was already on systemic steroids. In the past, exercise has not been a major trigger for asthma. Further inquiries led to a similar episode 2 or 3 years prior when she was also playing in the same park. The park had been closed for several years, and she had not been in contact with them. After calling the company that made the bean bags it was revealed that they were filled with crushed peanuts. This patient has been noted to have a+ reactions to walnuts as well as other nuts. Repeat skin tests showed again markedly positive reactions to walnuts and peanuts, as well as other food allergens. Another skin test positive, peanut allergic child experienced throat swelling at school when he was playing with bean bags. He related the incident to his mother stating "I felt like I ate a peanut".

CONCLUSION: Hidden food allergens can precipitate anaphylactic and other allergic reactions. Manufacturers should provide warnings of the ingredients used in their products.

P3 "KIS" and "HER" FOOD ALLERGY: GENDER-NEUTRAL, GENDER-PREVALENT & GENDER-SPECIFIC.
Yadin J. Kvitash MD, PhD and Philip Erdberg PhD, San Francisco, California, USA.

To evaluate possible clinical significance of gender-bias regarding food allergy and food intolerance among adult atopics, an individualized 200 male and 298 female participants in the San Francisco Immuno-Personology Project were asked about their self-perceived food allergy or intolerances (SPPA/I). Results show that 31.3% of males and 40.9% of females reported that certain foods can induce some allergic reaction(s) or exacerbate existing allergy symptoms. Gender-neutral perception of food allergy was found to tomatoes, strawberries, onions, alcoholic beverages (4 foods), Gender-prevalent perception of food allergy/intolerances for males: Benedictine, Cognac, Gin, Vodka, Light Beer, Dark Beer and White Wine (7 foods) For females: Shrimps, Coffee, Red Wine, Champagne (4 foods). Gender-specific-perception of food allergy/intolerances for males: Cabbage, Bay Shrimps, and Salty Foods (3 foods) For females: Grapes, Lemons, Oranges, Pineapples, Mangoes, Dry Fruits, Corn, Garlic, Peppers, Pistachios, Sunflower, Fish, Crab, Lobssters, Oysters (15 foods). The findings suggest that [(1) atopic females more frequently perceived food allergy/intolerances than atopic males. (2) only a few different foods were perceived as food allergy/intolerances with equal frequency (gender-neutral). (3) female gender-specific food allergy is significantly more diverse than male gender-specific food allergy.

P4 PAEDIATRICIANS' ATTITUDES TO PREVENTIVE FORMULA USE IN MILAN. "A Fiocchi MD, R Qualizza MD, E Decot MD, GP Mirti MD, ML Gianni MD, E Riva MD - MILAN, ITALY.

In 1997, the Provincial Centre for Allergy Care was established in Milan, with the aim of co-ordinating the outreach activities of all allergy units in the Province. A previous survey demonstrated that 18% of the mothers were aware of the importance of breast-feeding and that more than 50% of these units provided written information about breast-feeding. The aims of this survey were to assess the awareness of children's practitioners and to evaluate their attitude to preventive measures in the prevention of allergy and asthma.

In 1997, we sent a self-administered postal questionnaire to the 18 general practitioners within the province of Milan. All the units contacted responded. Ninety-three per cent of the practitioners agreed that allergy is a serious problem and that preventive measures are needed. However, only 15% of the practitioners recommended giving formula milk to prevent atopy. The main reasons for this were that the parents were not satisfied with the formula and that the practitioner could not convince the parents that formula milk would prevent atopy. The practitioners also reported that the parents were not willing to give formula milk to their children. The practitioners were more likely to give formula milk to prevent atopy if they had received training in preventive measures. The results of this survey indicate that there is a need for more education and training of practitioners in preventive measures.