

The Turkish Journal of Occupational / Environmental Medicine and Safety

2017; Vol:2, No:1 (4): 51 Web: http://www.turjoem.com ISSN: 2149-4711

S51. Latex Allergy: Two Case Reports][Sağlık Çalışanlarının İş Sağlığı

Meşide Gündüzöz(1), Nejdiye Mazıcan (2), Canan Demir (3), Servet Birgin İritaş (4), Lütfiye Tutkun (5), Vugar Ali Türksoy (6), **Ferruh Ayoğlu (7)**, Ömer Hınç Yılmaz(8)

- (1) Ankara Occupational Diseases Hospital, Department of Family Medicine, Ankara, Turkey
- (2) Ege University School of Medicine, Department of Public Health, Division of Work Health and Occupational Medicine, İzmir, Turkey
- (3) Ege University School of Medicine, Department of Public Health, Division of Work Health and Occupational Medicine, İzmir, Turkey
- (4) Ministry of Justice, The Council of Forensic Medicine, Ankara, Turkey
- (5) Bozok University, Department of Medical Biochemistry, Yozgat, Turkey
- (6) Bozok University, Department of Public Health, Yozgat, Turkey
- (7) Bülent Ecevit University, Department of Public Health, Zonguldak, Turkey
- (8) Yıldırım Beyazıt University Faculty of Medicine, Department of Public Health, Ankara, Turkey

Introduction: Prevalence of natural rubber latex (NRL) allergy has been estimated to be 5-18% in health care workers, and latex exposure has been one of the leading causes of occupational asthma in the last several years. We present the cases of two nurses who developed sensitivity to NRL, both with dermatologic symptoms.

Case 1:

A 26 year-old woman was admitted to occupational medicine outpatient clinic with erythema and pruritus on her hands. She has been working as a nurse in a state hospital for four years. She had urticaria and eczema in hands for three years. The patient had no smoking history and no family history of allergy. She had positive skin prick test to latex and positive patch test with thiuram-mix. She had no respiratory symptoms. Pulmonary function test was normal and bronchial provocation test was negative.

Case 2:

A 53 year-old woman was admitted to occupational medicine outpatient clinic with eczema in hands. She has been working as a nurse in a state hospital for four years. She had urticaria and eczema in hands for three years. The patient had no smoking history and no family history of allergy. She had positive skin prick test to latex and positive patch test with thiuram-mix and nickel sulfate hexahydrate.

Conclusion: One of the most important risk factors for latex allergy is occupational exposure to latex products. Both of these nurses had an intensive latex exposure during their working period in hospital. Latex allergy should also be taken account in particularly the occupational groups who are at risk for type I hypersensitivity reactions such as anaphylactic reaction.

Key Words: Latex Allergy, Nurse, Occupational Dermatological Disorders