ALLERGY & ASTHMA
CERTIFIED ALLERGY & ASTHMA CONSULTANTS

LATEX ALLERGY

Latex is a milky fluid (sap) from rubber trees. Through various production methods and combination with other chemical additives, latex can be processed into a variety of molded or dipped products. Dipped products including gloves, balloons, and condoms, are known to pose a greater risk of an allergic reaction than molded products such as car tires, rubber hoses and toys. "Latex" paint usually does not contain natural latex and therefore does not pose a risk to latex allergic individuals. Care should be taken with specialized weatherproofing paints, however, as some do contain natural latex.

There are two types of allergic reactions to latex; contact dermatitis and immediate (IgE mediated) reactions. Contact dermatitis is a poison ivy like rash that develops 12 – 36 hours after contact with latex, most commonly as a result of using rubber gloves. This type of reaction usually results from chemicals added in the manufacturing process and is not life threatening.

Immediate or IgE-mediated reactions are potentially the most serious form of allergic reaction to latex. Symptoms can range from mild to severe and include one or more of the following: hives, swelling, itching, redness, sneezing, wheezing, and shortness of breath. The potential for latex products, particularly gloves, to cause reactions varies significantly due to latex content. In rare instances, life-threatening symptoms (anaphylaxis), can occur.

The severity of any reaction to latex is dependent upon the person's sensitivity to latex and the amount of latex allergen exposure. When latex comes into direct contact with the skin, local hives can occur. When direct contact occurs in the mouth, eyes or other moist surfaces more severe reactions can occur. Airborne exposure to latex can also occur and cause respiratory symptoms, because latex allergen adheres to powder used in latex gloves. As gloves are used, particles become airborne where they are inhaled or come into contact with the nose, eyes and lungs and cause symptoms.

The prevalence of latex allergy varies in the population with certain groups at far greater risk. The higher risk group includes patients with spina bifida, those with congenital urinary tract problems, health care workers and others whose job requires the use of rubber gloves, and patients who have had multiple surgeries.

Latex allergy is diagnosed based upon examination by a physician and a detailed history about symptoms and exposure. Currently, a reliable skin-testing antigen does not exist to permit an accurate diagnosis of latex allergy. A blood test is available, but may produce incorrect results. Successful management of latex allergy is primarily based on identification and avoidance of latex product exposure. In some cases, it is advisable to wear a Medic-Alert bracelet and carry injectable epinephrine.