

SUMMARY OF:

LATEX ALLERGY IN CHILDREN: MODALITIES AND PREVENTION

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BACKGROUND

The prevalence of natural rubber latex (NRL) allergy or immediate hypersensitivity in children varies depending on population and detection methodology. Children with high NRL allergy risk profile include those with spina bifida, children with surgical procedures during neonatal period, and other children that require frequent surgeries. In 1997 a two year old child undergoing a minor emergency procedure died as a consequence of a latex anaphylactic shock followed by two other cases of serious latex anaphylaxis.

OVERVIEW

NRL is prevalent in the hospitals posing a life-threatening risk. NRL allergy is the second cause of intraoperative anaphylactic reaction. Implementing a latex-free environment is an important strategy to minimize the development of latex sensitization and potential anaphylactic reaction.

RESULTS

In 2002, the hospital implemented a latex avoidance strategy. In the five years that followed, no latex anaphylaxis had been recorded in patients or healthcare workers, with over 25,000 surgical procedures performed. Any additional cost incurred in the conversion to a non-latex environment had been offset through the elimination of allergen testing, reduced hospital stay for allergic events and reduced worker compensation.

CONCLUSION

NRL allergy is a significant health risk and latex contact should be reduced especially in neonates, children, HCW and all atopic individuals. Complete avoidance of latex in the OR and perioperative area is the most effective measurement.

References 1. Queiroz et al., Latex Allergy In Children: Modalities And Prevention. *Pediatric anesthesia* 2009; vol 19:313-319

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