Latex Intolerance: Basic Science, Epidemiology, And Clinical Management

REVIEW

Latex Allergy: Position Paper

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Abstract
Correct management of latex allergy is essential to ensure adequate care of patients who are allergic to latex, which is ubiquitous in the health care setting. In this Position Paper, the Latex Committee of the Spanish Society of Allergology and Clinical Immunology provides guidelines for the management of latex allergy.
Key words: Latex allergy. Guidelines.

Resumen
El correcto manejo de la alergia al látex es fundamental para garantizar la buena atención de este colectivo de pacientes, dada la ubicuidad de este alergeno en el medio sanitario. El comité de alergia a látex de la SEAIC con este documento de posición pretende resumir de forma clara las directrices a tener en cuenta en esta patología.
Palabras clave: Alergia a látex. Recomendaciones.

Introduction

Natural rubber is obtained from the *Hevea brasiliensis* tree. It takes the form of a milky aqueous suspension and is extracted by making cuts in the tree bark. Stabilizers and preservatives are then added to prevent it from coagulating [1,2,3].

Rubber products are obtained using 2 different processes: latex concentration and production of natural dry rubber. After harvesting, the latex is centrifuged to obtain 60% dry rubber. Vulcanization accelerators, antioxidants, and other substances are then added, depending on the final characteristics to be obtained [4]. This latex is used to manufacture the objects most frequently associated with allergic reactions such as gloves, condoms, balloons, and catheters [5,6]. In the case of natural dry rubber, the latex is coagulated by reducing its pH with formic acid and acetic acid to produce rubber in the form of sheets or bales, which then undergo 3 phases: malaxation (with additives), moulding, and vulcanization (a type of polymerization which creates a hard, crystalline structure). In this type of processing, the protein content is lower, and vulcanization denaturalizes the proteins that remain. [2]. This type of latex is used to manufacture health care products such as stoppers for tubes, pistons, masks, and cannulas [5,6].

History of Latex Allergy

Type IV hypersensitivity to latex additives is well documented and does not differ from other types of contact dermatitis [7]. The first cases of latex allergy through type I hypersensitivity were described in 1927 in Germany [8] and then in 1979 [9]. In Spain, the first case was published in 1986 [10]. In the 1980s, the number of cases reported increased considerably, mainly as a result of the confluence of 3 factors [5,6,11]:

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