Correspondence

An unusual presentation of latex allergy

To the Editor:

Since 1989, many cases of allergic reactions to latex have been reported in the literature.¹ We report an allergic reaction to latex during ENT surgery.

A four-year-old boy was admitted for adenoidectomy and insertion of transtympanic drains. His past history included several operations related to a lumbosacral meningocele. No allergic reaction was mentioned in the medical records.

After oral premedication with chloral hydrate and atropine, general anaesthesia was induced with halothane in a mixture of N₂O and O₂ via the Jackson-Rees modification of the Ayre's T piece. Nasotracheal intubation was carried out under deep general anaesthesia with an uncuffed PVC tube (Portex®). Anaesthesia was maintained with isoflurane in N₂O-O₂ and ventilation was controlled. Fifteen minutes after the beginning of the procedure, the ENT surgeon noticed oedema of the uvula and asked for corticosteroids (methylprednisolone 25 mg) to be administered *iv*. The oedema worsened and spread to the soft palate and then to the tongue and lips. There was neither tachycardia nor hypotension but the ventilation pressures increased and the SpO₂ decreased to 94%, auscultation disclosed bilateral expiratory sibilant rales. A provisional diagnosis of anaphylaxis was established: the topography of the oedema and the timing of its occurrence, 15 min after the first contact of the oropharyngeal mucosa with the surgeon's latex gloves, led us to suspect the possibility of reaction to latex occurring in a patient at high risk.²

After the injection of small doses of epinephrine and hand-ventilation with oxygen SpO₂ returned to 99%. Since the haemodynamic variables remained stable it was decided to pursue this short-lasting operation. A discrete skin rash appeared 90 min later. At the end of the procedure the patient was transferred to the PICU. Recovery was uneventful. The diagnosis of allergy to latex was confirmed six weeks later by a strongly positive RAST specific for latex.

Although facial angioedema and shortness of breath have already been described in a latex allergic patient reacting to his dentist's gloves,³ this is the first report of an allergic reaction to latex occurring during ENT surgery.

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Unilateral pneumothorax – an unexpected complication of laparoscopic cholecystectomy

To the Editor:

We would like to report an unexpected complication with laparoscopic cholecystectomy. A 60-yr-old obese lady had general endotracheal anaesthesia for an elective laparoscopic cholecystectomy. During the creation of CO₂ pneumoperitoneum with an automatic Karlstorz apparatus, airway pressure rose suddenly from an initial value of 30 to 50 cm H₂O and her systolic blood pressure decreased from 140 to 65 mmHg. Oxygen saturation decreased from 99 to 80%. Air entry was markedly reduced over the left chest. The anaesthesia circuit was checked immediately. Inspired oxygen was increased to 100%. Ephedrine, 6 mg was given *iv* and the pneumoperitoneum released with marked improvement in the patient's condition. A portable chest roentgenogram confirmed a left pneumothorax and a chest tube was inserted.

Once her condition stabilized, it was decided to continue with the procedure. However, upon recreation of the pneumoperitoneum, airway pressure again increased to 45 cm H₂O and the blood pressure decreased. Gas bubbling from the chest tube increased. The procedure was then converted to an open cholecystectomy.