Allergy, Asthma & Immunology

Gateway to the 21st Century

Registration Packet

The American College of Allergy, Asthma & Immunology

November 6-11, 1998
Pennsylvania Convention Center
Philadelphia Marriott Hotel
PREPARATION OF ABSTRACTS

Deadline: August 26, 1998 for receipt of Abstracts and/or Posters.

Abstracts accepted for presentation will be published in the Annals of Allergy, Asthma & Immunology exactly as submitted. To ensure uniformity and assist the Abstract Review Committee, please conform to the instructions in preparing your abstract.

Abstract to be presented by:

SYED M. HASNAIN

Presentation Preference (check only one):

[X] Poster  [ ] Oral/Slide

Abstract Review Committee will make final decision.

Reminder: Accepted abstracts will be printed as camera-ready copies. Any corrections, smudges and errors will appear on the printed abstract. Be sure the abstract is cleanly typed in black ink and carefully proofread.

A Temporary Abstract Number will be assigned to your abstract when it is received. This number will be listed on the letter that is returned to you acknowledging receipt of your abstract, and should be referenced in communications.

Acceptance letters will be mailed to the presenter in mid-September along with Guidelines for Presentation.

Presenter No-Show Notice: If you fail to appear in person or to send a replacement, and do not cancel your poster or oral/slide presentation before the meeting, the presenter will be barred from having an abstract accepted at the ACAAI Annual Meeting for three years. If your presentation will not be made, you must contact Dianne Kubis by mail: 85 W. Algonquin Road, #550, Arlington Heights, IL 60005; by FAX (847) 427-1294; OR e-mail: diannekubis@acaai.org

The first author should sign where indicated below.

Please check the classification into which your abstract falls:

- [ ] Aerobiology & Fungi  - [ ] Immunodeficiency
- [ ] Allergy Diagnosis  - [ ] In Vitro Studies
- [ ] Asthma Basic Science  - [ ] Pediatrics & Self Management
- [ ] Clinical Allergy (Drug reactions, Immunotherapy, atopy, dermatology, insect allergy)  - [ ] Pharmacotherapy
- [ ] Other (specify)

I certify that if this abstract reports experiments on humans, an informed consent was obtained from the patient or, if a minor, from his parents. I further certify that if conducted in an institution, written authorization was received from the Human Experimentation Committee.

First Author's Signature: [Signature]

Sample Abstract

EXACT TITLE OF YOUR PAPER. M.M. Doc, MD; S.A. Smith, MD; and J. Jones, PhD, Your Town, Your State

For the physician treating the allergy patient....

Please Type Abstract Within Borders

AIRBORNE ALTERNARIA SPORES: POTENTIAL ALLERGIC SENSITIZORS IN SAUDI ARABIA

*S.M. Hasnain, PhD.; A.R. Al-Frayih, MD; M.O. Gad-el-Rab, MD; and S.T. Al-Sedairy, PhD, Riyadh, Saudi Arabia.

In order to investigate the role of airborne Alternaria spp. in the sensitization of individuals, having respiratory allergy symptoms, particularly bronchial asthma, an aerobiologic and clinical (diagnostic) study was conducted at several centres in Saudi Arabia. Airborne Alternaria spores were studied at four different centres in Riyadh, Jeddah and Al-Khobar including two extended year at one site. Skin Prick Tests (SPT) were conducted on a total of 616 (F=249, M=367) allergic individuals attending allergy clinics at six (6) different hospitals in Abha, Gassim, Gizaan, Jeddah, Hofuf and Makkahe regions. Alternaria spores constituted up to 9.6% of the total fungal air spora. The maximum concentration exceeded 5x10^2 spores m^-3 of air in Jeddah, followed by 4.9x10^2 spores m^-3 in Al-Khobar. The mean percentage for the year varied from as low as 1.7% to 5.5% while the range difference of yearly variation at the same time was 0.8-0.3% on the second year and 0.1-2.4% on the third year Means weekly and monthly concentration of Alternaria fluctuated reaching up to 150 spores (m^-3) and 60 spores (m^-3) respectively. Quantitative regional variations were also recorded.

IgE mediated reactivities in SPT conducted allergic patients using commercial Alternaria extracts (ALK w/v 1:20) resulted in an overall 21.6% positive reactions showing mild, moderate and severe wheal and erythema. Over 19% SPT reactions were mild while only ~2% reactions were moderate to severe. The findings reveal that Alternaria spores are prevalent as a major component in the outdoor environment of the Kingdom with peaks in April and October. The overall 21.6% positive SPT reactions, indicate the sensitization level or cross-reactive sensitivity to Alternaria allergens. The study suggests that airborne Alternaria can be a potential allergic sensitizer in susceptible individuals and can be a risk factor in sensitized individuals with symptoms of bronchial asthma and allergic rhinitis in the Kingdom of Saudi Arabia.

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