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ALLERGY

pressaceae family in the Mediterranean area. Commercially available Cs extracts for *in vivo* diagnosis exert a "low cutaneous response" in patients with high sensitivity to Cypress pollen. We used a previously characterised in-house prepared extract of Ca pollen to study 713 patients complaining respiratory symptoms suspected to be allergic in nature and heavily exposed to Cupressaceae pollens. SPT were performed with a panel of respiratory allergens, with in-house Ca and with a commercial Cs extract (DIIS, Bayropharm, Italy). Results reported a prevalence of 25.9% of cypress hypersensitivity using Cs, being class [+] reactions present in half of the Cs SPT. Prevalence of Ca+ve SPT was 38%, being 90% of the cutaneous response of class [++] and 56% of class [+++]. Using Ca, thirty-five patients were diagnosed as having a mono-specific Cypress allergy, while, using Cs, only 25 were detected, being one of them SPT+ve only to Cs. A 50% increase of patients with cypress hypersensitivity was recorded using inhouse Ca extract confirming the under estimation of this winter pollinosis. A low cutaneous reactivity was confirmed using Cs in *in vivo* testing.

P-0573

ALLERGY TO CYPRESS POLLEN IN ROME

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The significance of this study is the evaluation of clinical importance of the allergic sensitisation to cypress pollen in Rome area. In fact, the last 30 years, in Europe, has been observed an increasing frequency of allergic sensitisation to these allergens.

We have studied in our allergological centre, from March 1992 to December 1994, 460 pollinosis patients of both sexes, ranging in age from 4 to 78 years, with a history of rhinitis and/or asthma all the patients were selected by anamnestic and clinical examination, Skin Prick Test (SPT) and specific serum IgE determination (RAST). Among all the patients with skin positivity for one or more pollen allergens, we found 49 subjects (10.6%) sensitised to pollen cypress, alone (7) or in association (42) with other pollen allergens. These data have been confirmed by means of RAST. Concerning the clinical significance of pollen cypress sensitisation, in patients with monosensitisation, we have observed a predominance of rhinitis and conjunctivitis while in other patients, the association of nasal and bronchial symptomatology is the most common manifestation.

P-0574

ALLERGENICITY TO PROSOPIS JULIFLORA POLLEN IN SAUDI ARABIA

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Prosopis trees were introduced to Saudi Arabia as ornamental plant. Now there are about a million trees of *Prosopis* with 5-7 different species including one or two native ones on the road verges in different cities as well as in the desert, with reportedly 4 flowering seasons. Sporadic pollen counts were recorded from different regions using Burkard volumetric traps. To analyse the allergenicity of *Prosopis* pollen, 250 children suffering from bronchial asthma in 4 different geographical regions were skin prick tested using an extract of *Prosopis juliflora* (Meridian Biomedical w/v 1:20). Sixty six patients were tested in an agricultural setting, with the highest numbers of *Prosopis* trees in the region, of which 51 (77.3%) were found to be positive. 156 patients were tested in a mountainous region, of which 33 (18%) showed positive reaction to this pollen. Similarly in two other regions with mixed vegetation, 23 patients were tested, of which 27.3% (n=11) and 8% (n=12) reacted positive. The study, though in progress, indicates the possible role of *Prosopis* trees in the sensitization and development of allergy in paediatric patients in the Kingdom of Saudi Arabia.

P-0575

IN VITRO STUDIES ON AN EVENTUAL CROSS REACTIVITY BETWEEN POLLENS OF LOLIUM PERENNE AND PINUS RADIATA

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Pine pollen, sp. *Pinus radiata* (PR), is a possible cause of pollinosis in Northern Spain, where it has a wide distribution and massive pollen seasonal counts. Recently, some authors have reported an evidence for cross-reactivity of PR pollen with rye-grass (LP), thus supporting the theory of a lack of true allergenicity for PR pollen. Since many of our pine-allergic patients are also sensitised to grass pollens, a laboratory study about this eventual cross-reactivity has been carried out in 10 of our patients.

Material and methods: Sera from 10 patients was obtained: 3 allergic only to PR, 5 allergic both to PR and LP, and 2 allergic only to LP. a) SDS-PAGE IgE-immunoblotting was performed with each of the 10 sera and extracts from PR and LP, respectively. b) RAST Inhibition studies were carried out using PR