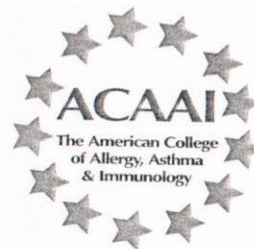


# Allergy, Asthma & Immunology

GATEWAY TO THE 21<sup>ST</sup> CENTURY



*Registration Packet*

*November 6-11, 1998*  
**Pennsylvania Convention Center**  
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# 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  
First Name MI Family Name

## Sample Abstract

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

For the physician treating the allergy patient....

Presentation Preference (check only one):

Poster  Oral/Slide

Abstract Review Committee will make final decision.

Please Type Abstract Within Borders

### AIRBORNE *ALTERNARIA* SPORES: POTENTIAL ALLERGIC SENSITIZORS IN SAUDI ARABIA

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

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:

- |   |   |
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| <input checked="" type="checkbox"/> Aerobiology & Fungi   | <input type="checkbox"/> Immunodeficiency             |
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| <input type="checkbox"/> Asthma Basic Science   | <input type="checkbox"/> Pediatrics & Self Management |
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| <input type="checkbox"/> Clinical Asthma  | <input type="checkbox"/> Urticaria/Angioedema         |
|   | <input type="checkbox"/> Other (specify) _____        |

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, Gizan, Jeddah, Hofuf and Makkah regions. *Alternaria* spores constituted upto 9.6% of the total fungal air spora. The maximum concentration exceeded  $5 \times 10^2$  spores  $m^{-3}$  of air in Jeddah, followed by  $4.9 \times 10^2$  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 upto 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 most 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.

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:

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