

**1149** An Unusual Case of Red Tide Poisoning

**M. Sanka;** Allergy and Immunology, University of South Florida, Tampa, FL.

**RATIONALE:** Paralytic shellfish poisoning (PSP) is caused by ingestion of the dinoflagellate, *Karenia brevis* and the toxins it produces. Algal blooms are most frequent along the west coast of Florida. Highly cautionary regulations have been quite effective in preventing PSP.

**METHODS:** A previously healthy 6 year old presented after ingesting steamed clams that were found on the beach in Boca Grande, FL during a red tide bloom. He soon experienced tingling of the face, hands, and headaches. At the ED he had carpopedal spasms. Though he received activated charcoal and diazepam, he developed generalized tonic activity and apnea. He was intubated, loaded with fosphenytoin, and seizure activity ceased.

**RESULTS:** CBC, CMP, CT brain, and EEG were normal. Three family members who had ingested the clams experienced similar symptoms. On HD#2, he was extubated without difficulty. By HD#5 his neurologic status remarkably improved with minimal ataxia. He was discharged home in good condition on HD#6.

**CONCLUSIONS:** PSP is a significant cause of morbidity during red tide blooms. The differential diagnosis includes pufferfish and organophosphate poisoning. Saxitoxin is a tasteless, odorless, heat and acid stable neurotoxin, absorbed through the gastro-intestinal tract and excreted in the urine. It temporarily inhibits the permeability of Na<sup>+</sup> ions, preventing them from passing through the cell membrane, resulting in no impulse-generation in peripheral nerves and skeletal muscles. Without treatment, up to 75% of severely affected persons die within 12 hours. Early recognition and treatment is important.

**Funding:** University of South Florida

**1150** Allergies: Our Reality

**J. L. Rodríguez Barata;** Centro Médico Familiar, San Marcos, Tarrazú, San José., COSTA RICA.

**RATIONALE:** Epidemiological study in a rural medical office, located in the humid tropics, October 2003 to September 2004.

**METHODS:** A retrospective study comprised of 471 patients; diagnosed with allergic disease, based on daily registry, their individual files, the guidelines of WAO, GINA, ARIA, the medical interview, the medical examination, and the clinical diagnosis. The frequency per month was compared against historical average weather data and viral prevalence data.

**RESULTS:** During this study year, in our office, 17% of the total patients were observed with some Allergic Disease; the month of greatest incidence was September. The patients with Perennial Allergic Rhinitis prevailed: 46.92%, patients with Asthma: 43.5% and 23.37% suffer Asthma and Allergic Rhinitis (ADCA). The most common cause of consultation was the Exacerbations; followed by Bacterial Infections in the Upper Airway and Acute Viral Respiratory Infection. In our Series, 15% did not know they had Allergies; 98% came seeking medical attendance by exacerbations or co-morbidities. The weather played an important role; the relative humidity and precipitation increased the incidence of allergy exacerbations and co-morbidity, and viruses are linked with exacerbations and may increase cases of bacterial infection in the airway.

**CONCLUSIONS:** Allergies are a major health problem in our tropical community; the patients do not have suitable information about their allergic diseases.

**1151** House Dust Mites Survive Travel in the Baggage Compartment of Commercial Jet Airliners

**J. D. Miller;** Allergy & Asthma Associates, PC, Danbury, CT.

**RATIONALE:** No studies exist about whether or not house dust mites survive the conditions of decreased temperature and barometric pressure present in the luggage compartments of commercial jet airplanes.

**METHODS:** The author brings *D. pteronyssinus* mite cultures to the annual AAAAI meeting every March as part of a commercial display. Travel to five of the last six meetings has been by commercial jet. To maximize their chance of surviving the trip, the mite cultures were brought to each meeting as a carry-on item in a temperature insulated bag. Out of scientific curiosity, however, they were returned from the meetings in checked luggage. The temperature and pressure in the luggage compartments in commercial airliners is higher than that of the outside air, but less than that of the passenger cabin. Flights were from San Diego, New Orleans, Denver, San Francisco, and San Antonio, respectively, all arriving in New York City. Mite cultures were examined microscopically immediately after the return trip.

**RESULTS:** In every case live mites too numerous to count were seen on microscopic examination of the culture dishes following air travel.

**CONCLUSIONS:** *D. pteronyssinus* mites survive travel in the luggage compartment of commercial jetliners.

[Additional observation: At no time after 9/11 or the subsequent anthrax scares did TSA inspectors question the author about the contents of the Petri dishes being carried on board the outgoing flights.]

**Funding:** Mission: Allergy

**1152** Onset of Nasal Symptoms Induced by the Pollen of *Cryptomeria fortunei* in a Japanese Patient with Cedar Pollinosis: A Clinical Pilot Study

**L. Cheng<sup>1</sup>, H. B. Shi<sup>2</sup>, M. Yin<sup>1</sup>, A. Miyoshi<sup>2</sup>;** <sup>1</sup>International Research Centre for Nasal Allergy, Nanjing Medical University, The First Affiliated Hospital, Nanjing, CHINA, <sup>2</sup>International Research Centre for Nasal Allergy, Nanjing Medical University, Miyoshi ENT Clinic, Sendai, JAPAN.

**RATIONALE:** Japanese cedar pollinosis, caused by the pollen of *Cryptomeria japonica* (*Cj*), has a long history of being recognized as an allergic disease that uniquely exists in Japan. However, we have reported that some Chinese patients with allergic rhinitis showed a positive skin reaction to the *Cj* pollen allergen. This leads to an interest question that whether the Japanese patients with cedar pollinosis show sensitization to the pollen of *Cryptomeria fortunei* (*Cf*), which mainly distributes in China.

**METHODS:** A Japanese patient was recruited, who is suffering from cedar pollinosis and have an experience of springtime onset during his stay in China. We obtained the informed consent from the patient, and performed a nasal provocation test by using *Cf* pollen collected from China.

**RESULTS:** Nasal symptoms of itchy, sneezing and rhinorrhoea were provoked in the patient several minutes after *Cf* pollen provocation, and eosinophils were found in the nasal discharge.

**CONCLUSIONS:** These results, combined with our previous findings, indicate that *Cj* and *Cf* pollens probably share similar allergenic characteristics, and cedar pollinosis is not a disease unique to Japan.