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Allergic Reaction to Penicillin and Peanuts

We recently received a letter from Allergists John V. Bosso, MD and Ma. Lourdes B. deAsis, MD, and thought it important to share with you.

We would like to bring your attention to important recent reports on allergy reactions to penicillin and peanut which were presented at the 2015 annual meetings of the American Academy of Allergy, Asthma, and Immunology and American College of Allergy, Asthma, and Immunology:

The first report concerns the over-diagnosis of penicillin allergic and its impact on drug resistance and health care costs.

According to three studies presented at the American College of Allergy, Asthma and Immunology (ACAAI) Annual Scientific Meeting, people who believe they have a penicillin allergy would benefit from consultation from an allergist and penicillin allergy skin testing. Once they know if they are

allergic, they can be given appropriate—and not more resistant—treatment prior to surgery. Of the 384 people in the first study who believed they were allergic to penicillin, **94 percent testing negative for penicillin allergy**. In the second study, 38 people who believed they were allergic to penicillin were given penicillin skin testing to see if it was possible to help reduce the use of high-cost antibiotics. Of the 38 people tested, all of them tested negative to an allergy for penicillin. Once it was known they weren't allergic to penicillin, the medical center was able to change the medications of 29 of the patients, thereby significantly lowering prescription costs. Further, Macy and Contreras showed that being labeled as allergic to penicillin is associated with important health and financial consequences. They evaluated a cohort of 51,582 patients hospitalized with the notation of penicillin allergy

and found that compared with matched control subjects without this possible diagnosis (which is typically disproved when evaluated), there were longer lengths of stay, more use of broad spectrum antibiotics, and more complications such as drug-resistant and *Clostridium difficile* infections.

The other report is the landmark LEAP (Learning Early About Peanut) study published in the February 26, 2015 issue of the *New England Journal of Medicine* which found that the **early introduction of peanut significantly decreased the frequency of development of peanut allergy among high risk children**. The authors initially performed skin prick testing on infants with eczema and other risk factors for peanut allergy at age 4-8 months. Those found to have

negative or positive sensitivity to peanut extract were then randomly assigned to a peanut consumption or a peanut avoidance group and followed till age 60 months. It was found that there was a 70-86.1% relative reduction in the prevalence of peanut allergy in the peanut consumption group compared to the peanut avoidance group at age 60 months. In the accompanying NEJM editorial, Drs. Gruchalla and Sampson write: "We suggest that any infant between 4 months and 8 months of age believed to be at risk for peanut allergy should undergo skin-prick testing for peanut. If the test results are negative, the child should be started on a diet that includes 2g of peanut protein three times a week for at least 3 years, and if

DENTAL FUN FACT

DID YOU KNOW...

80 MILLION BACTERIA ARE TYPICALLY EXCHANGED DURING A 10-SECOND FRENCH KISS, ACCORDING TO A 2014 STUDY BY DUTCH RESEARCHERS.

-Tufts Dental Medicine Spring 2015

NEWS YOU CAN USE

Signs of measles may appear in oral cavity before other manifestations of disease.

Measles outbreaks have been reported in pockets around the country. The first signs of measles typically occur in the head and neck region and in the oral cavity. Three main signs in the oral cavity that indicate measles include Koplik spots (small white lesions with erythematous bases on the buccal mucosa and inner aspects of the lower lip), atypical gingivitis with pustules, necrosis and operculitis.

For more info, see ADA News.

