

## Greater Awareness of Sulfite Allergy Needed

TO THE EDITOR: The number of complaints of sulfite allergy has grown from 50 to more than 300 at present, with the news media reporting some fatalities said to be related to sulfites.<sup>1</sup> The previous generally regarded as safe (GRAS) classification by the Food and Drug Administration (FDA) has changed to a requirement for labels disclosing the presence of sulfites in packaged fruits and vegetables,<sup>2</sup> and state health departments are currently providing test kits for their district health departments (March 1985 news release, Idaho Department of Health, Fritz Dixon, MD) to test for the presence of sulfites in retail stores to assure compliance with the regulations. The FDA step and further public awareness of the presence of sulfites and their allergy-causing potential are important to help the 1 million or more people who may have the problem to become aware of the potentially fatal condition.

### Reports of Cases

We present two cases that illustrate the need for public awareness and a high index of physicians' suspicion to help these undiagnosed patients with their allergic reactions.

A 45-year-old woman had a history of asthma and allergies to shellfish, iodine and penicillin, with allergic reactions manifested by hives and asthma over a five-year period. The episodes were initially seasonal and related to exposure to previously identified allergens. She had also noted, however, increasing problems with hives, flushing and bronchospasm requiring emergency room treatment and subsequent hospital admission; these occurred unpredictably, with growing frequency and mostly following meals at restaurants. Allergists were involved in her care and evaluation. Allergy testing failed to disclose any specific allergens.

On two occasions the patient saw national news programs on bisulfite allergy. She notified us of her suspicion and avoided bisulfites. Since then she has had only rare occurrences of reactions and these were related to inadvertent bisulfite exposure: Once she ate lamb that had been unintentionally treated with bisulfite and another time food prepared in oil previously used to prepare bisulfite-treated food.

The second patient, also a 45-year-old woman, had a several months' history of increasing hives, dyspnea, a tight feeling in the throat, nausea and headache. She had been evaluated by dermatologists and an allergist, with no specific diagnosis or specific allergens identified. We considered the possibility of food allergy and an elimination diet was tried. When the patient was consuming only fresh vegetables she noted that she still had the reactions. Because of the previous patient's history, we considered bisulfite sensitivity. The patient meticulously avoided all bisulfites and has been clinically free of symptoms since. The store where she previously had bought fresh vegetables used bisulfite spray, she later discovered.

### Discussion

These two cases illustrate the importance of public awareness and of a high index of suspicion by physicians in diagnosing sulfite allergies. Many perplexing cases of allergy symptoms with no specific diagnosis may be related to bisulfites. At present, there are no specific tests, other than challenge with bisulfites, to make a diagnosis.<sup>3</sup> Also, there have been no consistent predisposing patient profiles that would allow one to determine who may be at greater risk for bisulfite allergy.<sup>4</sup>

The current policy of the FDA needs to be expanded to cover products that have been previously treated with bisulfites. In addition, a greater index of suspicion by clinicians would aid in diagnosing bisulfite allergy—which can cause a variety of allergic manifestations including anaphylaxis—and help many patients avoid needless medical expense, morbidity and possibly mortality from this ubiquitous substance.

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### REFERENCES

1. Sonin L, Patterson R: Metabisulfite challenge in patients with idiopathic anaphylaxis. *J Allergy Clin Immunol* 1985 Jan; 75:67-69
2. From the FDA: Proposed ban on 'salad bar' sulfites. *JAMA* 1985 Dec 27; 254:3409
3. Tichnor WS: Sulfite sensitivity. *Postgrad Med* 1985; 78:320-325
4. Jamieson DM, Guill MF, Wray BB, et al: Metabisulfite sensitivity: Case report and literature review. *Ann Allergy* 1985 Feb; 54:115-121

## Physician Production and Influx

TO THE EDITOR: I am writing regarding the editorial "Needed Clout for Patient Advocacy"<sup>1</sup> in the November 1986 issue.

It is a rare thing to see acknowledgment from the medical hierarchy, as in your editorial, that our system of health care "has become dominated by economic factors." 'Tis true. 'Tis true. And yet this acknowledgment has been as tightly held as the spare, infrequent acknowledgment that there might be excessive numbers of physicians in the United States or that such supernumerary physicians might have something to do with this grave wounding of our profession and its mission. In fact it is the root cause. It is past time for these acknowledgments and for concerted efforts to gain control of physician production and influx.

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### REFERENCE

1. Watts MSM: Needed clout for patient advocacy (Editorial). *West J Med* 1986 Nov; 145:685

## Correction: Computer Programs for Physicians

TO THE EDITOR: Our article "Bringing the Medical Literature to Physicians—Self-Service Computerized Bibliographic Retrieval"<sup>1</sup> contains two errors in the last paragraph on page 853. In the following sentences, the words in brackets indicate what should be deleted: "In addition to the National Library of Medicine, Bibliographic Retrieval Services (BRS) [not /Saunders Colleague] and Dialog also provide computer programs. . . . More recently, the National Library of Medicine, Mead Data Central, BRS Colleague [not /Saunders] and Dialog have begun to offer more user friendly approaches to the MEDLINE data base." The first "Saunders" seems to have been mistakenly added during the editing process. In the second case, "Saunders" recently has been deleted from the name of the service.

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### REFERENCE

1. Underhill LH, Bleich HL: Bringing the medical literature to physicians—Self-service computerized bibliographic retrieval. *In Medical Informatics [Special Issue]*. *West J Med* 1986 Dec; 145:853-858