

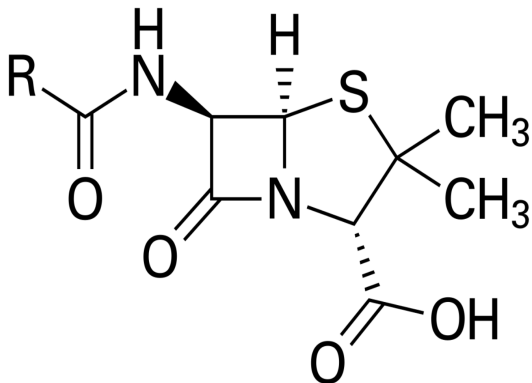


Sinus & Allergy Health

FALL 2017

PENICILLIN ALLERGY AND MODERN MEDICINE

Penicillin allergy is the most common drug allergy in the United States, with a reported prevalence of approximately 10%. With a US population of 323 million in 2016, that equates to about 32 million people. The irony of these numbers is that it is also known that 90% of patients who report



Chemical Structure of Penicillin

penicillin allergy are not truly allergic, and could receive penicillin and related antibiotics safely. To further complicate matters, a class of antibiotics called cephalosporins are reported to cause a cross reactive allergy in these patients about 10% of the time. Thus, there is an unnecessary and significant limitation in treatment options for this group of patients. How can we tell which patients who report an allergy to penicillin are actually allergic, and which could safely take these medicines?

Accurately determining penicillin allergy status in patients is important for multiple reasons, including controlling healthcare costs, using preferred treatments for specific illnesses, and as a means to combat the development of drug resistance. Consider being proactive, and getting tested before you become ill. There are only a few reasons not to pursue penicillin allergy testing. These include a history of a true anaphylactic reaction to penicillin or a related antibiotic, as well as two relatively rare skin reactions after taking a penicillin antibiotic, namely Stevens-Johnson syndrome and toxic epidermal necrolysis. If none of those contraindications apply to you, talk with one of our team at Carolina Sinus & Allergy about pursuing this testing. Through a combination of blood testing, specialized skin testing, and oral challenge, you could find out to be one of the 90% of patients who report penicillin allergy but are not allergic. Armed with this knowledge, your doctors will have more options to treat you efficiently and effectively.



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FALL ALLERGIES

As summer blooms fade, and evenings turn cooler, autumn is just around the corner. So why are you still sneezing or congested? Fall is beautiful, but this season has its own unique risks related to allergy. Ragweed is the biggest trigger during this time, and its pollen can travel hundreds of miles in the air. In addition, if you have an allergy to ragweed, certain foods, such as



zucchini, melons, and bananas can cause symptoms as well. Mold also lurks during the fall, hiding in damp places like piles of leaves. Finally, dust mites can be a problem. One common way to be exposed is when the heating system in your home is first used. It is also important to remember that when kids go back to school, they are often exposed to dust mites and mold, which are commonly found in school buildings. All of these exposures can cause sneezes, wheezes, and many other allergy and asthma symptoms. Work with our Carolina Sinus & Allergy Team to control your symptoms, and keep autumn a season to enjoy!

GLUTEN FREE PUMPKIN MUFFINS



Ingredients

- 2/3 c. brown rice flour
- 1/2 c. freshly ground buckwheat flour
- 1/2 c. arrowroot starch (or tapioca starch, corn starch as a last resort)
- 1/2 tsp. cinnamon
- 1/2 tsp. nutmeg
- 1/2 tsp. cloves
- 1/4 tsp. baking powder*
- 1 tsp. baking soda
- 3/4 tsp. salt
- 3/4 c. honey OR 1 c. sucanat
- 2 eggs OR 2 Tbs. freshly ground flax + 6 Tbs. hot water
- 1/2 c. melted butter or coconut oil
- 1/4 c. cold water
- 1 1/4 c. pumpkin puree (canned or homemade)

Directions

Mix the dry ingredients together, then add all the rest of the ingredients right on top. Stir or beat well. Line muffin tin and pour about 3/4 full into 12 muffin cups.

Bake in a preheated 325 degrees for 40-45 minutes (20-25 for 24 mini muffins).

RECIPE IS FREE OF EGG, DAIRY, NUT, GLUTEN, AND REFINED SUGAR

ALLERGY PATIENT NAVIGATOR

Carolina Sinus & Allergy is pleased to introduce a new member of our team. Pam has been selected as our Allergy Patient Navigator. In this role, she works closely with our Allergy team to improve the patient experience by facilitating clear communication of each individual patient's allergy care plan. Additionally, she is available to assist in ensuring smooth progress through the testing and treatment phases of care.

Contact Pam : allergynavigator@carolinaearnosethroat.com.





Tick Bite and Red Meat Allergy

Think you know about allergies?



Take the Allergy Quiz

Text: **ALLERGYQUIZ** to 22828 or

Go to: **www.surveymonkey.com/r/allergyquiz**

Food Allergies and Asthma Treatment

An unusual allergy has made its way into North Carolina, and patients need to be aware of it. Unlike typical inhalant allergies, this allergy is contracted through a tick bite. Not just any tick bite causes it - only a bite from the lone star tick. The lone star tick is brown with a whitish dot mark on its back. It carries a unique sugar called galactose-alpha-1, or the abbreviated alpha-gal. This sugar is not produced by humans, but is found in many red meats, including pigs, sheep, and cows. Normally, the alpha-gal sugar does not cause any problems for patients consuming these meats. A bite from the lone star tick introduces the sugar to a patient's immune system, so that the next time that patient consumes one of these meats, a variety of allergic reactions can occur that range from itching and throat burning to swelling and even anaphylaxis. Fish and poultry will not cause a reaction in patients who suffer from this problem. Many patients' alpha-gal allergies will wane over time, usually diminishing over an 8 months to 5 year period. Please be aware of this unusual but significant problem, and be careful during your times outdoors.

There have been recent, widespread anecdotal reports of patients who are allergic to peanuts or soy who have had allergic reactions to using asthma inhalers. Where did this idea originate, and is it true? Ipratropium bromide is a bronchodilator used mostly for COPD, but sometimes for asthma. Two older formulations, Atrovent and Combivent, are known to contain soy lecithin as an additive, with packaging warning about their use in patients with "hypersensitivity to soy lecithin or related food products such as soybean or peanut." Importantly, no studies have correlated any reaction to an allergy to soy or peanut. Lecithin, a fatty substance in some plants, is often used in medicines in the form of soybean oil. While patients allergic to soy and peanut are allergic to proteins, the oil has minimal to no proteins present. Also, soy and peanut are both legumes, but not often cross reactive. Thus, (1) most peanut allergic patients are not allergic to soy (2) soy lecithin does not contain enough soy proteins to cause a reaction (3) the inhalers in question are no longer available, and modern asthma inhalers do not contain soy lecithin. **BOTTOM LINE:** It is safe for soy and peanut allergic patients to use their asthma inhalers.

ALLERGY FUN FACT

CEPHALOSPORINS MOST LIKELY TO CROSS-REACT AFTER PENICILLIN ALLERGY

<i>Generic</i>	<i>Name Brand</i>
Cephalexin	Keflex
Cefadroxil	Duricef
Cefaclor	Ceclor
Cefradine	Velosef
Cefprozil	Cefzil
Ceftriaxone	Rocephin
Cefpodoxime	Vantin





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Enjoy Access to:

- Our allergy newsletters
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- Frequently asked questions and more...

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