## Original Article

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# Skin prick test reactivity to aeroallergens in adult allergy clinic in Thailand: a 12-year retrospective study 

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#### Abstract

Background: The global prevalence of allergic rhinitis, asthma, and atopic dermatitis has risen significantly over the last 2 decades. Allergic sensitization to aeroallergen is a major risk factor in developing the allergic disease. The prevalence of aeroallergen sensitization varies in different regions and countries. Objective: To determine the prevalence of common aeroallergen sensitization and the atopic status among adult patients. Methods: A cross-sectional, retrospective study. The data were collected from medical records and database of the result of skin prick test of patients who had the allergic symptoms or chronic urticaria in adult allergy clinic, Ramathibodi hospital from January 2004 to December 2015. Results: A total of 1,516 of patients (female, 1,118 [73.7\%]) were enrolled. The mean ages of participants were 41.34 (standard deviation, $\pm 16.5$ ) years. Fifty-eight percent ( $58 \%$ ) of patients were diagnosed with allergic rhinitis, $19.7 \%, 3.2 \%$, and $9.2 \%$ with asthma, atopic dermatitis, and chronic urticaria respectively. In the chronic urticaria group, 57.4\% underwent the positive skin prick test to common aeroallergens. Mites were responsible for the most common inhaled allergen sensitization in this study as $50.1 \%$ of Dermatophagoides pteronyssinus, $32 \%$ of Dermatophagoides farinae, and 31.5\% of house dust. Cockroach was the second most common aeroallergen sensitization as $32.3 \%$ followed by grass pollen, Bermuda ( $21.1 \%$ ) and timothy ( $13.6 \%$ ). The animal dander, cat and dog, occupied 12.9 and $10 \%$ respectively. Conclusion: Mites were the most common cause of aeroallergen sensitization in all patients followed by cockroach, grass pollen, and animal dander. However, Bermuda sensitization has increased significantly in the last 6 years.


Keywords: Allergens; Prevalence; Skin test; Rhinitis; Urticaria; Asthma

## INTRODUCTION

The global prevalence of allergic rhinitis, asthma and atopic dermatitis has risen significantly over the last 2 decades [1-6]. From the previous study in Asia-Pacific, there was increased in the prevalence of allergic rhinitis from $37.9 \%$ to $50.6 \%$ and asthma from $12.2 \%$ to $14.5 \%$ [4].

Allergic disease is a health problem affecting the quality of life in the aspect of sleep, school, work, and social life [7]. The etiology of allergic diseases are complex resulting from genetics [8-10] and interacting environment factors [11-14]. Allergic sensitization to aeroallergens is a major risk factor for developing the allergic disease [15-17]. The previous study in western countries demonstrated $15 \%-20 \%$ of preschool children sensitized to inhalant allergens by the age of 7 years were significantly increased risk of being asthma [18].

The prevalence of aeroallergen sensitization varies in different regions and countries. In Sweden, cat was the most common aeroallergen sensitization [19] while Japanese cedar pollen was taken into account in Japan [20].

The purpose of this study was to illustrate the prevalence of the common aeroallergen sensitization by skin prick test and atopic status of patients who have been visited to adult allergy clinic at Ramathibodi hospital, Thailand from January 2004 to December 2015.

## MATERIALS AND METHODS

The study was approved by the ethic committee of Ramathobodi Hospital, Mahidol university. The permission number is ID-10-59-52. There is no conflict of interests.

A cross-sectional retrospective study recruited 1,516 patients who had allergic symptoms or urticaria and had done skin prick test to the common aeroallergens in the adult allergy clinic, Ramathibodi hospital over 12-year periods between January 2004 and December 2015.

We reviewed the medical records and database of result of the skin prick test in all participants and the diagnosis of allergic diseases were confirmed by allergist, pulmonologist, and otolaryngologist. Demographic data including sex, age, atopic diseases, and the result of skin prick test to common aeroallergens were collected. The skin prick test was conducted using a standard commercial extract panel (Alk-Abello, Lincoln Diagnostics, Dallas, Tx, USA), included 17 aeroallergens (Dermatophagoides pteronyssinus, Dermatophagoides farinae, house dusts, cockroach, Bermuda, timothy, Johnson grass, acacia, careless weed, cat, dog, Alternaria, Trichophyton, Candida, Aspergillus, moldmix, mixed feather). The positive result of skin prick test was declared if wheal is $\geq 3 \mathrm{~mm}$ in diameter. Histamine and normal saline were applied as positive and negative control. All testing was performed by 2 investigators.

Descriptive statistics were applied to describe demographic data and the result of skin prick tests. IBM SPSS ver. 18.0 (IBM Co., Armonk, NY, USA) were used with license usage of Mahidol university.

## RESULTS

## Study population

A total of 1,516 patients were enrolled in this study. Seventy-three point seven percent ( $73.7 \%$ ) are female patients and the mean aged was $41.34 \pm 16.5$ years. Allergic rhinitis is the most common allergic disease (58\%), followed by asthma (19.7\%), atopic dermatitis (3.2\%), and allergic conjunctivitis ( $3.2 \%$ ). Chronic urticaria was documented in $9.2 \% .4 .1 \%$ of the participants had history of nonsteroidal anti-inflammatory drugs allergy (Table 1).

Table 1. Demographic data of 1,516 patients in adult allergy clinic from 2004 to 2015 in a tertiary care hospital, Thailand

| Variable | Value |
| :--- | :---: |
| Female sex | $1,118(73.7)$ |
| Age (yr) | $41.34 \pm 16.50$ |
| Underlying disease |  |
| $\quad$ Allergic rhinitis | $879 / 1,516(58)$ |
| $\quad$ Asthma | $299 / 1,516(19.7)$ |
| Chronic urticaria | $140 / 1,516(9.2)$ |
| Atopic dermatitis | $49 / 1,516(3.2)$ |
| Allergic conjunctivitis | $49 / 1,515(3.2)$ |
| $\quad$ Chronic rhinosinusitis | $44 / 1,513(2.9)$ |
| History of NSAIDs allergy | $62 / 1,516(4.1)$ |

Values are presented as mean $\pm$ standard deviation.
NSAID, nonsteroidal anti-inflammatory drug.

## Prevalence of common aeroallergens sensitization

The most frequent aeroallergen sensitization that resulted in positive skin prick test was mites (D. pteronyssinus, 50.1\%; D. farina, 32\%) followed by house dust 31.5\%, cockroach 32.3\%, grass pollen (Bermuda, 21.1\%; timothy, 13.6\%) and animal dander (cat, 12.9\%; dog, 10\%) (Fig. 1). In $57.4 \%$ of patients with chronic urticaria demonstrated positive skin prick test to common aeroallergens.

## Allergic diseases and common aeroallergen sensitization

In asthma patients, $75.9 \%$ sensitized mites followed by cockroach (33.9\%), Bermuda ( $18.9 \%$ ), timothy ( $16 \%$ ), cat ( $12.2 \%$ ), and dog ( $7.5 \%$ ). Fungal sensitization was reported in asthmatic patients as $5.3 \%$ of Trichophyton, $3.8 \%$ of moldmix, $2.4 \%$ of candida, $2.2 \%$ of alternaria, and $1.7 \%$ of Aspergillus fumigatus. Only Trichophyton had statistical significance ( $p=0.017$ ) correlated with asthma.

In participants who had chronic rhinitis symptoms, $58 \%$ of these group sensitized to common aeroallergens. Mites were responsible for the most common aeroallergen


Fig. 1. Prevalence of common aeroallergen sensitization in a tertiary care hospital, Thailand.
sensitization ( $71 \%$ ) in allergic rhinitis patients followed by $31.3 \%$ of cockroach, $21.6 \%$ of Bermuda, $13.5 \%$ of timothy, $12.8 \%$ of cat, and $10.3 \%$ of dog. D. farinae is the significant aeroallergens that correlated with allergic rhinitis $(p=0.03)$.

Sixty-nine point four percent ( $69.4 \%$ ) of atopic dermatitis patients sensitized mites followed by $25 \%$ of Bermuda, $20.8 \%$ of cat, $18.8 \%$ of cockroach, $17 \%$ of timothy, and $14.6 \%$ of dog. In chronic urticaria patients, $67.9 \%$ sensitized mites followed by cockroach ( $25.2 \%$ ), Bermuda ( $20.1 \%$ ), cat ( $12.2 \%$ ), timothy ( $11.5 \%$ ), Johnson grass ( $10.1 \%$ ), and dog ( $8.6 \%$ ).

The comorbidities of allergic diseases were illustrated in this study, $54.2 \%$ (162 of 299) of asthma patients was diagnosed allergic rhinitis, while $18.4 \%$ (162 of 879) of allergic rhinitis patients was diagnosed asthma.

## Changing trends of common aeroallergen sensitization

The prevalence of aeroallergen sensitization was plotted in line graphs as Fig. 2. Mites and cockroach were occupied as the most common and the second most common aeroallergen



Fig. 2. Changing trend of the prevalence of common aeroallergen sensitization over a 12-year period in a tertiary care hospital, Thailand. (A) Trend of the prevalence of grass pollen sensitization. (B) Trend of the prevalence of animal dander sensitization. (C) Trend of the prevalence of mites, house dust and cockroach sensitization. (D) Trend of the prevalence of fungal sensitization.
(continued to the next page)


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| :---: |

Fig. 2. (Continued) Changing trend of the prevalence of common aeroallergen sensitization over a 12-year period in a tertiary care hospital, Thailand. (A) Trend of the prevalence of grass pollen sensitization. (B) Trend of the prevalence of animal dander sensitization. (C) Trend of the prevalence of mites, house dust and cockroach sensitization. (D) Trend of the prevalence of fungal sensitization.
sensitization, however, those trends remained stable for all over the periods. In contrary to grass pollen, there was a significant increase in the prevalence of Bermuda sensitization from positive skin prick test in the last 6 years from $10.8 \%$ in 2009 to $26.7 \%$ in 2015. Similarly, timothy sensitization was increased significantly from $5.4 \%$ in 2010 to $18.9 \%$ in 2015. The prevalence of cat sensitization was gradually increased from $2.8 \%$ in 2008 to 17.1\% in 2015.

## DISCUSSION

Mites were the highest percentage of common aeroallergen sensitization (D. pteronyssinus, $50.1 \%$; D. farinae, $32 \%$ ) followed by house dust $31.5 \%$, cockroach $32.3 \%$, grass pollen (Bermuda, 21.1\%; timothy, 13.6\%) and animal dander (cat, 12.9\%; dog, 10\%). Similarly to the previous study of common causative allergens in allergic rhinitis patients that revealed house dust mite is the most common allergens in our country [4].

Mites allergen sensitization associated with the risk of asthma in children and adults as described by several studies [15, 21-24]. Arshad et al. [15] studied in 1,456 children and reported $50 \%$ of participants who sensitized to mite had asthma. The previous study in 384 adult patients found 175 of patients ( $45.6 \%$ ) who sensitized to house dust mites had asthma [24]. In this study demonstrated $20.9 \%(227$ of 1,088$)$ of patients who sensitized to mite had asthma. However, the statistical significance of mite sensitization was not shown in asthmatic patients $(p=0.075)$ compare with nonasthmatic patients.

The comorbidities of allergic diseases were depicted in this study. Fifty-four point two percent ( $54.2 \%$ ) of asthma patients had allergic rhinitis, while $18.4 \%$ of allergic rhinitis patients had asthma. This result was similar to the previous report that found $55 \%-75 \%$ of asthmatic patients had allergic rhinitis while $13.9 \%-25 \%$ of allergic rhinitis patients had asthma [25].

In this study illustrated that $67.9 \%$ of patients with chronic urticaria had positive skin prick test to common aeroallergens. The various previous studies reported the positive skin prick test to aeroallergens and food allergens in patient with chronic urticaria about 27.4\%-64\% [26-28].

Kulthanan et al. [29] reported $47.7 \%$ of chronic urticaria patients had positive skin prick test which classifies as $30 \%$ to food allergens, $41 \%$ to aeroallergens, and $22.7 \%$ to both food and aeroallergens.

In $42.9 \%$ ( 60 of 140 patients) of chronic urticaria patients had only urticaria without other atopic diseases which in these group sensitized to aeroallergens in 70\% ( 40 of 60 patients). This result demonstrated the higher percentage of positive skin test to common aeroallergens in chronic urticaria patients than the previous reports. Caliskaner et al. [27] illustrated the significant association between mite sensitization in patients who had chronic urticaria without other atopic diseases. However, the statistic significant correlation between common aeroallergens and chronic urticaria was not documented in our study.

Despite the fact that mites are the major indoor allergen, the prevalence of mites sensitization in each year remained steady over the 12 -year period. While the prevalence of Bermuda sensitization was increased significantly in the last 6 years. Furthermore, there was gradual increase in the prevalence of cat sensitization over the time. The possible reasons are due to more cat ownership in the societies [30].

In conclusion, mites were the most common aeroallergen sensitization in Thailand followed by cockroach, grass pollen, and animal dander. However, the prevalence of Bermuda sensitization is increased significantly in the last 6 years. The prevalence of sensitization to aeroallergens was common in chronic urticaria patients.

## REFERENCES

1. Asher MI, Montefort S, Bjorksten B, Lai CK, Strachan DP, Weiland SK, Williams HIsaac Phase Three Study Group. Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phases One and Three repeat multicountry cross-sectional surveys. Lancet 2006;368:733-43. PUBMED | CROSSREF
2. Pearce N, Ait-Khaled N, Beasley R, Mallol J, Keil U, Mitchell E, Robertson CIsaac Phase Three Study Group. Worldwide trends in the prevalence of asthma symptoms: phase III of the International Study of Asthma and Allergies in Childhood (ISAAC). Thorax 2007;62:758-66. PUBMED \| CROSSREF
3. Bjorksten B, Clayton T, Ellwood P, Stewart A, Strachan DIsaac Phase III Study Group. Worldwide time trends for symptoms of rhinitis and conjunctivitis: Phase III of the International Study of Asthma and Allergies in Childhood. Pediatr Allergy Immunol 2008;19:110-24. PUBMED \| CROSSREF
4. Bunnag C, Jareoncharsri P, Tantilipikorn P, Vichyanond P, Pawankar R. Epidemiology and current status of allergic rhinitis and asthma in Thailand -- ARIA Asia-Pacific Workshop report. Asian Pac J Allergy Immunol 2009;27:79-86.
PUBMED
5. Wong GW, Leung TF, Ko FW. Changing prevalence of allergic diseases in the Asia-pacific region. Allergy Asthma Immunol Res 2013;5:251-7. PUBMED \| CROSSREF
6. Silverberg JI. Public health burden and epidemiology of atopic dermatitis. Dermatol Clin 2017;35:283-9. PUBMED \| CROSSREF
7. Walker S, Khan-Wasti S, Fletcher M, Cullinan P, Harris J, Sheikh A. Seasonal allergic rhinitis is associated with a detrimental effect on examination performance in United Kingdom teenagers: case-control study. J Allergy Clin Immunol 2007;120:381-7. PUBMED \| CROSSREF
8. Cookson WO, Sharp PA, Faux JA, Hopkin JM. Linkage between immunoglobulin E responses underlying asthma and rhinitis and chromosome 11q. Lancet 1989;1:1292-5. PUBMED \| CROSSREF
9. Allen M, Heinzmann A, Noguchi E, Abecasis G, Broxholme J, Ponting CP, Bhattacharyya S, Tinsley J, Zhang Y, Holt R, Jones EY, Lench N, Carey A, Jones H, Dickens NJ, Dimon C, Nicholls R, Baker C, Xue L, Townsend E, Kabesch M, Weiland SK, Carr D, von Mutius E, Adcock IM, Barnes PJ, Lathrop GM, Edwards M, Moffatt MF, Cookson WO. Positional cloning of a novel gene influencing asthma from chromosome 2q14. Nat Genet 2003;35:258-63. PUBMED \| CROSSREF
10. Vercelli D. Discovering susceptibility genes for asthma and allergy. Nat Rev Immunol 2008;8:169-82. PUBMED \| CROSSREF
11. Le Souef PN. Variations in genetic influences on the development of asthma throughout childhood, adolescence and early adult life. Curr Opin Allergy Clin Immunol 2006;6:317-22. PUBMED \| CROSSREF
12. Ege MJ, Mayer M, Normand AC, Genuneit J, Cookson WO, Braun-Fahrlander C, Heederik D, Piarroux R, von Mutius EGabriela Transregio 22 Study Group. Exposure to environmental microorganisms and childhood asthma. N Engl J Med 2011;364:701-9. PUBMED \| CROSSREF
13. Illi S, Depner M, Genuneit J, Horak E, Loss G, Strunz-Lehner C, Buchele G, Boznanski A, Danielewicz H, Cullinan P, Heederik D, Braun-Fahrlander C, von Mutius EGabriela Study Group. Protection from childhood asthma and allergy in Alpine farm environments-the GABRIEL Advanced Studies. J Allergy Clin Immunol 2012;129:1470-7.e6. PUBMED \| CROSSREF
14. Marfortt DA, Josviack D, Lozano A, Cuestas E, Aguero L, Castro-Rodriguez JA. Differences between preschoolers with asthma and allergies in urban and rural environments. J Asthma 2018;55:470-6. PUBMED \| CROSSREF
15. Arshad SH, Tariq SM, Matthews S, Hakim E. Sensitization to common allergens and its association with allergic disorders at age 4 years: a whole population birth cohort study. Pediatrics 2001;108:E33. PUBMED \| CROSSREF
16. Kihlstrom A, Lilja G, Pershagen G, Hedlin G. Exposure to birch pollen in infancy and development of atopic disease in childhood. J Allergy Clin Immunol 2002;110:78-84. PUBMED \| CROSSREF
17. Ghunaim N, Wickman M, Almqvist C, Soderstrom L, Ahlstedt S, van Hage M. Sensitization to different pollens and allergic disease in 4-year-old Swedish children. Clin Exp Allergy 2006;36:722-7. PUBMED \| CROSSREF
18. Illi S, von Mutius E, Lau S, Nickel R, Niggemann B, Sommerfeld C, Wahn UMulticenter Allergy Study Group. The pattern of atopic sensitization is associated with the development of asthma in childhood. J Allergy Clin Immunol 2001;108:709-14. PUBMED \| CROSSREF
19. Ronmark E, Bjerg A, Perzanowski M, Platts-Mills T, Lundback B. Major increase in allergic sensitization in schoolchildren from 1996 to 2006 in northern Sweden. J Allergy Clin Immunol 2009;124:357-63, 63.e1-15. PUBMED | CROSSREF
20. Sakashita M, Hirota T, Harada M, Nakamichi R, Tsunoda T, Osawa Y, Kojima A, Okamoto M, Suzuki D, Kubo S, Imoto Y, Nakamura Y, Tamari M, Fujieda S. Prevalence of allergic rhinitis and sensitization to common aeroallergens in a Japanese population. Int Arch Allergy Immunol 2010;151:255-61. PUBMED \| CROSSREF
21. Miraglia Del Giudice M, Pedulla M, Piacentini GL, Capristo C, Brunese FP, Decimo F, Maiello N, Capristo AF. Atopy and house dust mite sensitization as risk factors for asthma in children. Allergy 2002;57:169-72. PUBMED \| CROSSREF
22. Pefura-Yone EW, Kengne AP, Kuaban C. Sensitisation to mites in a group of patients with asthma in Yaounde, Cameroon: a cross-sectional study. BMJ Open 2014;4:e004062. pubmed | CROSSREF
23. Resch Y, Michel S, Kabesch M, Lupinek C, Valenta R, Vrtala S. Different IgE recognition of mite allergen components in asthmatic and nonasthmatic children. J Allergy Clin Immunol 2015;136:1083-91. PUBMED \| CROSSREF
24. Vidal C, Lojo S, Juangorena M, Gonzalez-Quintela A. Association between asthma and sensitization to allergens of Dermatophagoides pteronyssinus. J Investig Allergol Clin Immunol 2016;26:304-9. PUBMED \| CROSSREF
25. Trakultivakorn M, Sangsupawanich P, Vichyanond P. Time trends of the prevalence of asthma, rhinitis and eczema in Thai children-ISAAC (International Study of Asthma and Allergies in Childhood) Phase Three. J Asthma 2007;44:609-11. PUBMED \| CROSSREF
26. Liutu M, Kalimo K, Uksila J, Kalimo H. Etiologic aspects of chronic urticaria. Int J Dermatol 1998;37:515-9. PUBMED \| CROSSREF
27. Caliskaner Z, Ozturk S, Turan M, Karaayvaz M. Skin test positivity to aeroallergens in the patients with chronic urticaria without allergic respiratory disease. J Investig Allergol Clin Immunol 2004;14:50-4. PUBMED
28. Mahesh PA, Kushalappa PA, Holla AD, Vedanthan PK. House dust mite sensitivity is a factor in chronic urticaria. Indian J Dermatol Venereol Leprol 2005;71:99-101. PUBMED \| CROSSREF
29. Kulthanan K, Jiamton S, Rutnin NO, Insawang M, Pinkaew S. Prevalence and relevance of the positivity of skin prick testing in patients with chronic urticaria. J Dermatol 2008;35:330-5. PUBMED \| CROSSREF
30. Toukhsati SR, Phillips CJC, Podberscek AL, Coleman GJ. Companion animals in Thailand: human factors that predict sterilization of cats and dogs. Soc Anim 2015;10:569-93. CROSSREF
