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IgE-Mediated Allergy against Human Seminal Plasma

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Abstract

Human seminal plasma hypersensitivity has to be differentiated from allergic reactions to latex, spermicidal agents, local anesthetics or components of lubricants. The present review article discusses IgE-mediated allergic reactions (type I) to specific components of the seminal plasma. Such incidents are rare, even though there seems to be a considerable number of unreported cases. Since the first publication in 1958, human seminal plasma allergy has been increasingly recognized, and approximately 80 cases have been described. Most affected women are younger than 40 years, presenting with an atopic family history. Anaphylaxis to components of the seminal plasma is not always associated with infertility. Complaints occur immediately or within 1 h after contact with seminal plasma. Local reactions include itching, burning, erythema and edema in the vulvar region or other sperm contact sites. Systemic reactions are experienced as dyspnea, dysphagia, rhinoconjunctival complaints, generalized urticaria, angioedema, gastrointestinal symptoms, exacerbation of existing atopic eczema or anaphylactic shock. Recently, it has been reported that human seminal plasma anaphylaxis may also present as ‘vulvar vestibulitis syndrome’ or ‘burning semen syndrome’. These symptoms may occur during the first sexual intercourse. Some results are indicative of allergens originating from the prostate, prostate-specific antigen being clinically relevant. The diagnosis of human seminal plasma allergy is based on history, demonstration of specific IgE antibodies in the serum and skin tests. Therapeutic options include allergen avoidance by use of condoms and attempts at desensitization.

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Introduction

Reactions after contact with human ejaculate may have various origins and are not always referable to true sensitization against allergens contained in the