Incidence of Respiratory Allergy Not Increased after Anesthesia in Infancy

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A 12-year follow-up study of children who had operations with general anesthesia in infancy and of nonhospitalized children of the same age showed almost identical incidences of respiratory allergy in the test and control groups. General anesthesia in infancy does not predispose to respiratory allergies in childhood. (Key words: Allergy, pediatric; Anesthesia, respiratory allergies.)

IT HAS BEEN SUGGESTED that general anesthesia in infancy may predispose to respiratory allergy during childhood,1 and that elective procedures should be deferred if possible until after 2 years of age.

A controlled study was performed to elucidate the relationship between anesthesia, operation, and allergies in children.

Methods and Results

Three groups of children were studied:

Group 1 included patients who had had pyloromyotomy at The Hospital for Sick Children, Toronto, during 1961–62. They were less than 3 months old at operation; general anesthesia was used.

Group 2 was made up of patients who had had operations for hernia or strabismus at The Hospital for Sick Children in 1963. They were less than 2 years of age at operation; general anesthesia was used.

Group 3 included children born at the Toronto General Hospital during 1961–62. The sample group comprised the first ten births in each month, after exclusion of children found to have had surgical operations in infancy.

The children were traced through hospital records, family doctors’ records, and telephone directories. As the population of metropolitan Toronto is fairly mobile, only approximately 50 per cent of the children in each group could be traced from the 12–14-year-old data. Parents replied to a questionnaire designed to determine whether an allergy had been diagnosed in the children, or whether the symptoms of atopy existed, and if so, the age at onset of relevant symptoms, surgical operations, and allergic conditions in family members.

Questionnaires completed totalled 250, representing 44 per cent of the overall sample; response rates were similar in the three groups. The incidence of respiratory allergy that had developed by age 14 years was not significantly different (P > 0.5) in any group (table 1).

Discussion

The findings in this retrospective study did not support the hypothesis that surgical procedures during infancy are followed by an increased incidence of respiratory allergy.

Since Collicott et al.,2 in 1972, showed an apparently high incidence of allergies in children operated upon in infancy, this relationship has been investigated by several other groups. Johnstone et al.,3 who compared the prevalence of asthma and hay fever in a population of children who had had surgical treatment for pyloric stenosis or hernia in infancy with that in the general population, suggested a relationship between anesthesia and later allergy. They found a very high in-
TABLE 1. Incidences of Respiratory Allergy at Age 13-14 Years in Three Groups.*

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Patients</th>
<th>Allergy Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>84</td>
<td>14</td>
<td>16.7</td>
</tr>
<tr>
<td>II</td>
<td>106</td>
<td>23</td>
<td>21.7</td>
</tr>
<tr>
<td>III</td>
<td>90</td>
<td>19</td>
<td>21.1</td>
</tr>
</tbody>
</table>

* Children who underwent pyloromyotomy in infancy (Group I), children who underwent hemi-
omyotomy or strabismus correction before 2 years of age (Group II), and children without surgery or other hospitalization (controls: Group III).

BALLENTINE ET AL.* compared the incidence of allergy in 284 children who had pyloromyotomy between 1960 and 1974 with the reported incidence of allergy in the United States, but found no difference between these groups.

In our study we tried to avoid statistical bias that might have influenced the results of previous surveys. Thus, we determined the incidences of respiratory allergy in three groups of children who had grown up in the same city during the same years. The same questionnaire was completed by telephone for every child in each group. Only 44 per cent of the original patients sought could be traced; however, the percentages of completed questionnaires were similar in all groups.

The overall incidence of respiratory allergy in the children in our study is essentially similar to incidences in other epidemiologic surveys (Table 2). The results of our survey do not support the contention that the avoidance of elective surgical procedures during the first two years of life will significantly lessen the likelihood of respiratory allergy in later life.

**References**