

addition, Guillevin et al. describe a single episode of VTED in their follow up of 96 patients with CSS (4).

Several factors may explain the association between CSS and VTED. First, VTED may be the mere consequence of classical thromboembolic risk factors such as heart failure, immobilization or hospitalization, as evidenced in our first and second cases. Secondly, inflammatory diseases may predispose to vascular thrombosis. For instance, it has been demonstrated that patients displaying inflammatory bowel disease have a threefold increased risk of developing acute VTED (5). More specifically, eosinophilic inflammation may be a risk factor for thrombotic events. Follow up of 15 patients with hypereosinophilic syndrome led to the description of 10 thromboembolic complications including two VTED (6). A possible explanation of this association could be the ability of eosinophil cationic protein to bind, *in vitro*, to Hageman factor (XII) and activate the intrinsic pathway of coagulation.

In conclusion, we describe three episodes of severe VTED in a cohort of 10 CSS patients. It remains unclear whether VTED was the consequence of specific vascular lesions or the mere result of a combination of classical VTED risk factors.

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References

1. Garcia G, Adler M, Humbert M. Difficult asthma. *Allergy* 2003;**58**:114–121.
2. Kozak M, Gill EA, Green LS. The Churg-Strauss syndrome. A case report with angiographically documented coronary involvement and a review of the literature. *Chest* 1995;**107**:578–580.

3. Ikemoto Y, Kohdera U, Uraoka M, Teraguchi M, Okamura A, Kobayashi Y. Pulmonary infarction and deep venous thrombosis in a 13-year-old boy with Churg-Strauss syndrome. *Pediatr Int* 2001;**43**:441–443.
4. Guillevin L, Cohen P, Gayraud M, Lhote F, Jarrousse B, Casassus P. Churg-Strauss syndrome: clinical study and long-term follow-up of 96 patients. *Medicine (Baltimore)* 1999;**78**:26–37.
5. Bernstein CN, Blanchard JF, Houston DS, Wajda A. The incidence of deep venous thrombosis and pulmonary embolism among patients with inflammatory bowel disease: a population-based cohort study. *Thromb Haemost* 2001;**85**:430–434.
6. Spry CJ, Davies J, Tai PC, Olsen EG, Oakley CM, Goodwin JF. Clinical features of fifteen patients with the hypereosinophilic syndrome. *QJM* 1983;**52**:1–22.

Atopic myelitis: first case report outside Japan?

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Key words: atopic dermatitis; atopic myelitis; atopy; myelitis.

Atopic myelitis (AM) is a syndrome which was thought to be a peculiarly Japanese phenomenon.

A recent Japanese nationwide survey identified 79 patients with AM (1).

This condition is characterized by the association between allergic and central nervous system (CNS) diseases, although the pathogenetic mechanism is unknown.

The disease affects a young to middle-aged adult population with atopic diathesis (atopic dermatitis plus rhinitis and asthma).

The main features of AM are: paresthesia/dysesthesia are the initial and predominant symptoms, the stepwise progression and fluctuation of the symptoms are frequent.

Hyperreflexia is frequent, but severe motor weakness is rare.

Cerebrospinal fluid (CSF) abnormalities, if any, are infrequent and mild.

Very high total immunoglobulin E (IgE) serum level and mite antigen-specific IgE are present in most cases.

Study of the motor evoked potentials revealed abnormalities in the upper and lower limbs.

High signal intensity lesions at the cervical or at the thoracic spinal cord on the T2-weighted magnetic resonance imaging (MRI) were documented (1–5).

The biopsy specimens of the CNS lesions showed perivascular mononuclear cell cuffs accompanied by eosinophils around the small veins and capillaries as well as in the parenchyma; myelin and axons were equally damaged. Immunohistochemical analysis revealed memory T cells infiltrating the lesions with only CD8+ T subset in the parenchyma and dominating over CD4+ cells in the perivascular area (6, 7).

Peripheral blood mononuclear cell flow cytometry revealing an increase in the CD3+CD8+ and in CD4+CD45RO+CD30+ T-cell subsets was reported in a study performed on 13 patients with AM (8). The flow cytometry used to analyse the intracellular interferon (IFN) /interleukin (IL)-4 ratio in peripheral blood CD4+ T cells showed a significantly lower value than in the controls (6).

A 34-year-old man (N.B.), with allergic rhinitis and mild bronchial asthma since childhood, developed atopic dermatitis in adulthood (22 years). At the age of 25 years, slight, intermittent neurological symptoms appeared: muscle weakness, migrant paresthesia/dysesthesia in the limbs, anisocoria and right eyelid ptosis. A brain and spinal cord MRI scan revealed an area of abnormal intensity located at the bulbar medulla junction to C1 segment (i.e. low intensity in T1 images and high in T2) consistent with myelitis-like lesions (Fig. 1 – circle). Examination of the motor provoked potentials showed abnormalities in the lower limbs. Neurological examination excluded other CNS diseases and in particular multiple sclerosis. Skin prick tests with commercial extracts (Stallergenes France) were positive for several inhalant allergens (house dust mite, cat, grass and cypress pollen) with the mite sensitization playing the

Neurological symptoms in atopic disease may be related to an immunological impairment of CNS.

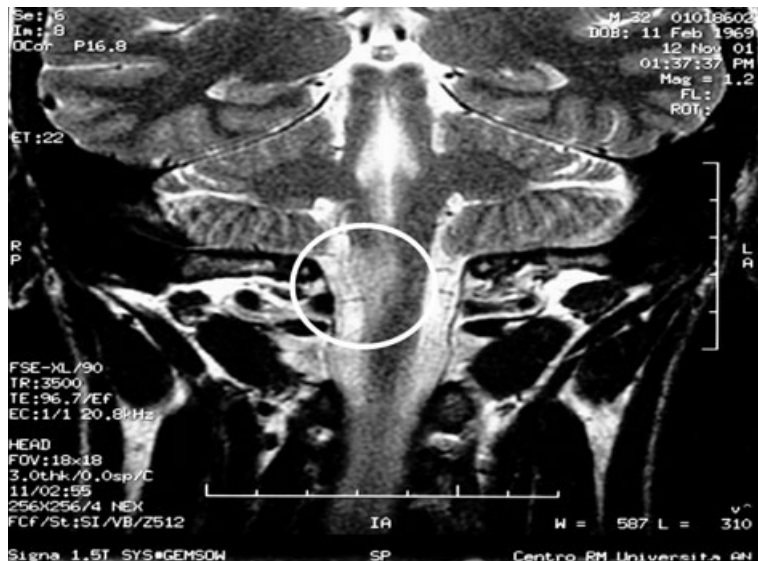


Figure 1. Nuclear magnetic resonance (NMR) image of central nervous system (CNS) showing the myelitis-like lesion.

leading role in respiratory symptoms. The total IgE serum level was elevated (1286 IU/ml) and the evaluation of serum-specific IgE confirmed the skin test results (Bioallergy Italy).

The patient refused to consent to a CSF analysis.

Our clinical and neuroimaging data seem to be consistent with a diagnosis of AM, although a sure diagnostic statement is not available. Atopic myelitis should be considered in patients with atopic dermatitis and respiratory allergy in conjunction with neurological symptoms. Further studies will be necessary to determine the diagnosis of this disease, its prevalence in western countries, and the mechanisms linking allergic and central nervous system diseases.

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References

- Osoegawa M, Ochi H, Minohara M, Murai H, Umehara F, Furuya H et al. Myelitis with atopic diathesis: a nationwide survey of 79 cases in Japan. *J Neurol Sci* 2003;**209**:5–11.
- Kira J, Yamasaki K, Kawano Y, Kobayashi T. Acute myelitis associated with hyper-IgEemia and atopic dermatitis. *J Neurol Sci* 1997;**148**:199–203.
- Kira J, Kawano Y, Yamasaki K, Tobimatsu S. Acute myelitis with hyper-IgEemia and mite antigen specific IgE: atopic myelitis. *J Neurol Neurosurg Psychiatry* 1998;**64**:676–679.
- Kira J, Kawano Y, Horiuchi I, Yamada T, Imayama S, Furue M et al. Clinical, immunological and MRI features of myelitis with atopic dermatitis (atopic myelitis). *J Neurol Sci* 1999;**162**:56–61.
- Osoegawa M, Ochi H, Kikuchi H, Shirabe S, Nagashima T, Tsumoto T et al. Eosinophilic myelitis associated with atopic diathesis: a combined neuroimaging and histopathological study. *Acta Neuropathol* 2003;**105**:289–295.
- Horiuchi I, Kawano Y, Yamasaki K, Minohara M, Furue M, Taniwaki T et al. Th1 dominance in HAM/TSP and the optico-spinal form of multiple sclerosis versus Th2 dominance in mite antigen-specific IgE myelitis. *J Neurol Sci* 2000;**172**:17–24.
- Kikuchi H, Osoegawa M, Ochi H, Murai H, Horiuchi I, Takahashi H et al. Spinal cord lesions of myelitis with hyper-IgEemia and mite antigen specific IgE (atopic myelitis) manifest eosinophilic inflammation. *J Neurol Sci* 2001;**183**:73–78.
- Wu X-M, Osoegawa M, Yamasaki K, Kawano Y, Ochi H, Horiuchi I et al. Flow cytometric differentiation of Asian and Western types of multiple sclerosis, HTLV-1-associated myelopathy/tropical spastic paraparesis (HAM/TSP) and hyper-IgEemia myelitis by analyses of memory CD4 positive T cell subsets and NK cell subsets. *J Neurol Sci* 2000;**177**:24–31.

Transient vs persistent cow's milk allergy and development of other allergic diseases

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Key words: asthma; atopic dermatitis; children; milk allergy.

Cow's milk allergy (CMA) is one of the most frequent food allergies in the pediatric population. At our outpatient clinic its incidence has been increasing over the years, cow's milk being the major food allergen implicated in children (46% of the cases) (1).

The CMA is usually a transient condition in which over 80% of the children reach clinical tolerance before 3 years of age; when it lasts longer than 36 months we define it as persistent. The CMA has been pointed out as a marker of a higher probability for developing other allergic diseases, especially when it persists (2, 3).

The aim of our study was to determine the prevalence of other allergic diseases in our CMA patients, to compare it between two groups of children with CMA of different duration and also with

Cow's milk allergy (CMA) in childhood is a marker of a high risk for subsequent respiratory allergy.