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Clinical cases

Honey allergy in adult allergy practice.

G. Karakaya and A. Fuat Kalyoncu

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Keywords: Honey allergy. Cough. Anaphylaxis.

CLINICAL CASE

Honey allergy in adult allergy practice

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SUMMARY

Honey allergy is a very rare condition which shows a clinical picture ranging from cough to anaphylaxis after ingestion of honey. Here we report 5 cases of honey allergy.

Key words: Honey allergy. Cough. Anaphylaxis.

RESUMEN

La alergia a la miel es muy poco frecuente, presenta un cuadro clínico con síntomas que van desde tos a anafilaxis tras la ingestión de miel. En este artículo aportamos cinco casos de alergia a la miel.

Palabras clave: Alergia a la miel. Tos. Anafilaxis.

INTRODUCTION

Food allergy due to honey is very rare (1, 2). In a study performed on 4,331 students none of them had honey allergy (3). Ingested honey can cause reactions varying from cough to anaphylaxis (1, 2, 4, 5). It usually appears in people with seasonal rhinoconjunctivitis having pollen allergy. The most common reasons are the pollens and/or the bee body components including the bee venom in the honey (5). Although some serum and oral provocation tests having been performed, there are not any standard tests for the diagnosis. Most of the reported cases are related with IgE mediated allergy, but there are also some non-allergic cases in the literature with honey hypersensitivity or intolerance (6). Here we report cases who had reactions after ingestion of honey, were only one of them was pollen allergic.

CASES

Case 1

A 68-year-old housewife born in a city in western Turkey and has been still living there. She complained of having abdominal pain after eating honey since her childhood. In the last 2 years her abdominal pain is more severe and she has had acute urticaria attacks in addition to this. She was able to eat forest honey but not flower honey, but recently forest honey also produced reactions. When she uses detergents, make-up material and beauty creams she experiences generalized urticaria and angioedema. She also has had eczema in her hands after using detergents. She complained of generalized itching after eating spicy food and nuts. Skin prick tests were not performed due to her dermatographism. Total serum IgE value was 7.1 kU/L, which is within normal limits and phadiatop was negative. Specific serum IgE

for honey was negative (< 0.35 kU/L).

Case 2

A 46-year-old housewife complained of having acute urticaria and nasal discharge after eating coconut, vanilla and honey several times. Skin prick tests with common aeroallergens and with food were negative. She is a smoker and her father had asthma. Her serum total IgE value was within the normal range (34.9 kU/L) and Phadiatop was negative, Specific serum IgE levels for coconut, vanilla and honey were all negative (< 0.35 kU/L for all).

Case 3

A 63-year-old retired government officer who had been diagnosed small cell lung cancer and had received two cycles of chemotherapy consisted of cisplatin-eetoposide had been referred by the medical oncologists for his recurrent generalized urticaria and angioedema attacks. They had wanted to know if these could be due to the chemotherapeutic agents. The patient has mentioned that he had been having honey and royal jelly with the purpose of paramedical support since the beginning of his cancer and he had realized that reactions had been appearing after having these in the last 3 times. All of the tests performed to find out the etiology of urticaria and angioedema were normal. His skin prick tests with aeroallergens and food were negative. His total serum IgE level was normal (46.2 kU/L): After stopping having honey and royal jelly, the patient has recovered and the oncologists could complete the chemotherapy to 6 cycles.

Case 4

A 50-year-old man who is a teacher, has had seasonal rhinoconjunctivitis for 6 years. He has had acute angioedema after tasting honey 3 times in the last 4 years. He was exposed to honey bee stings 5-6 times since his childhood and he had acute urticaria and angioedema each time. The routine skin prick test with common aeroallergens was positive for phleum pratense. Prick tests with food and apis mellifera and vesputa species were all negative. His total serum IgE level was within the normal range (21.4 kU/L).

Case 5

A 60-year-old male patient, who is a lawyer has had chronic diarrhea for 25 years and no disease explaining this diarrhea has been found for years in various gastroenterology clinics. Sweet food increased the severity of his diarrhea. He had acute urticaria with honey 4-5 times 5 years ago. The skin prick test with common aeroallergens and with food were negative. The total serum IgE level was within the normal range (12.7 kU/L).

DISCUSSION

Between january 1991 and september 1998, there have been 3,810 first referrals to the Chest Diseases Department, Adult Allergy Unit of Hacettepe

University and there were only 7 honey allergic patients (% 0.2) where 2 of them had reported before (7). Among these, 448 of them had seasonal rhinoconjunctivitis (SR) of which 3 had honey allergy (% 0.7). Among our honey allergic/intolerant patients 4 of them did not have SR and they had negative skin prick test results, serum total IgE levels were within the normal range in all, none of them had life threatening reactions, all of them were over middle age, all knew the relation between the reactions and the honey before referral and all had experienced the reactions several times so there was no need for oral provocation tests. As a result, honey allergy is not only a IgE mediated problem seen in pollen allergic individuals, but it can cause hypersensitivity reactions also in nonatopics. Anyway, it can be accepted that the reactions appearing in these patients are not life threatening.

REFERENCES

1. Birnbaum J, Tafforeau M, Vervloet D, Charpin J, Charpin D. Allergy to sunflower honey associated with allergy to celery. Clin Exp Allergy 1989;19:229-30.
2. Bousquet J, Campos J, Michel FB. Food intolerance to honey. Allergy 1984;39:73-5.
3. Kalyoncu AF, Karakoca Y, Demir AU, et al. Prevalence of asthma and allergic diseases in Turkish university students in Ankara. Allergol et Immunopathol 1996;24:152-7.
4. Cohen SH, Yunginger JW, Rosenberg N, Fink JN. Acute allergic reaction after composite pollen ingestion. J Allergy Clin Immunol 1979;64:270-4.
5. Helbling A, Peter CH, Berchtold E, Bogdanov S, Müller U. Allergy to honey: relation to pollen and honey bee allergy. Allergy 1992;47:41-9.
6. Altman DR, Chiaramonte LT. Public perception of food allergy. J Allergy Clin Immunol 1996;97:1247-51.
7. Kalyoncu AF. Honey allergy and rhinitis in Ankara, Turkey. Allergy 1997;52:876-7.