
Letters

GENERALIZED URTICARIA AFTER INGESTION OF *RAPHANUS SATIVUS*

The Brassicaceae family encompasses numerous species of great agronomic importance, belonging to such genera as *Brassica*, *Raphanus*, *Sinapis*, and *Armoracia*.¹ *Raphanus sativus* is a perennial plant that belongs to the Brassicaceae family, and it is native to China and Japan. The radish is eaten raw; the bulbs and the leaf are edibles and are used for the preparation of salads in some Mediterranean areas. The *R sativus* bulb is spherical and red and has white pulp, with a pungent flavor and lobed leaf with irregular edges. The literature reports reactions to *Raphanus niger*, which is considered a variety of *R sativus*.^{2,3}

We describe a 66-year-old woman, with no history of atopy, who had 2 allergic reactions after ingestion of *R sativus* bulbs. The first episode presented as generalized urticaria after the patient ate fresh radish bulbs seasoned with olive oil and salt; the second episode (approximately 3 weeks later) presented as mild throat tightness and urticaria, localized to the upper limbs and abdomen, after the patient ate a salad composed by endive (*Cichorium endivia*) and radish seasoned with salt. On both occasions prompt treatment with intramuscular injections of antihistamines (clorfenamina maleato) and corticosteroids (hydrocortisone succinate) in an emergency unit relieved the symptoms after approximately an hour.

The results of skin prick tests with food commercial extracts, including mustard (Stallergenes, Milan, Italy), cabbage, and cauliflower (Lofarma, Milan, Italy), were negative. The results of a prick by prick test with endive were negative, whereas the results of a prick by prick test with *R sativus* bulb were positive. Saline solution and histamine (10 mg/mL) were used as negative and positive controls, respectively. Ten healthy controls were prick tested with *R sativus* bulb, with negative results.

The *R sativus* bulbs were stored at 4°C overnight. The proteins were extracted by stirring for 24 hours at 4°C in 0.15 mol/L phosphate-buffered saline (pH 7.2). Insoluble particles were removed by centrifugation at 15,000 rpm for 1 hour at 4°C. The protein concentration of the extract (2.40 mg/mL) was determined by Bradford analysis with bovine serum albumin as a standard.⁴ After they were stained with 0.1% Coomassie brilliant blue, the 4% to 12% sodium dodecylsulfate–polyacrylamide gel electrophoresis (Nupage Bis Tris; Invitrogen, Milan, Italy) profile extracts showed similar bands ranging from 50 to 65 kDa. *R sativus* extract proteins were electrophoretically transferred to nitrocellulose membrane (Schleicher & Schuell, Biosciences, Germany).^{5,6} The nitrocellulose membrane was saturated with 0.1 mol/L Tris-buffered saline and 0.5% fat-free milk powder and incubated overnight at 4°C with the patient's serum. Bound specific IgE was detected by peroxidase-conjugated antihuman IgE antibodies from goat, using the enhanced chemiluminescence Western blotting analysis system (Amersham, Buckinghamshire, United Kingdom). Immunoblotting analysis showed IgE reactivity in the patient's serum to a single band at 65 kDa.

We reported a case of generalized urticaria and mild throat tightness after eating *R sativus*. The study performed indicates that these reactions may have been IgE mediated because the results of a prick by prick test with *R sativus* were positive and immunoblotting showed IgE reactivity in the patient's serum to a single band at 65 kDa. To our knowledge, this is the first description of an IgE-mediated reaction to *R sativus*.

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SEMI-SELF-ADMINISTERED EAR ACUPRESSURE FOR PERSISTENT ALLERGIC RHINITIS: A RANDOMISED SHAM-CONTROLLED TRIAL

Allergic rhinitis (AR) is an increasingly prevalent condition affecting 10% to 40% of the population globally. It has significant impact on school/work performance and quality of life.¹ Acupuncture has reported benefits for AR adjunctive to routine pharmacotherapy.^{2,3} Acupressure is a noninvasive alternative to acupuncture. When acupressure is applied on ear acupoints (EAP), semi-self-administration by patients is possible, reducing the frequency of and time required for practitioner visits. Our recent systematic review on EAP for AR was inconclusive because of methodological flaws in randomization, allocation concealment, and control group intervention.⁴

On approval by the RMIT Human Research Ethics Committee and registered with the Australian New Zealand Clinical Trials Registry (No. ACTRN 12608000149369), this randomized sham-controlled trial was conducted between September and December 2008 (spring season) at two metropolitan RMIT campuses in

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