

Correspondence

Oral allergy syndrome?

To the Editor:

In the November 1994 issue of the JOURNAL, Liccardi and D'Amato (J ALLERGY CLIN IMMUNOL 1994; 94:931-2) describe a patient who does indeed have egg allergy as evidenced by a positive history of immediate-type allergy symptoms after ingestion of egg or egg-containing foods, positive immediate-type skin test results and IgE immunoassays for egg components, and even by a positive double-blind, placebo-controlled food challenge with egg. Because most of the reactions involved only oral symptoms, the authors have described this patient's egg allergy as oral allergy syndrome. However, the patient did have one episode that also involved hypotension.

I believe it is more appropriate to say that this is a patient with egg allergy (quite common) whose symptoms are usually confined to the mouth (somewhat unusual). I would not call this oral allergy syndrome because I believe that designation should be reserved for patients who have itching of the mouth and throat, and rarely other symptoms, after the ingestion of fruits and vegetables (usually fresh) and sometimes nuts, and who also have pollinosis. This phenomenon is almost certainly caused by cross-reacting allergens (e.g., profilins) found in the foods and pollens. Not only does limiting the use of the term *oral allergy syndrome* to this group of patients help with semantics, it has some impact on treatment. Because oral allergy syndrome symptoms are usually confined to oral itching, many patients with this condition can safely consume these foods. Egg allergy, which is much more often associated with potentially life-threatening reactions, warrants a more cautious approach to treatment, often involving strict avoidance and carrying self-injectable epinephrine.

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Reply

To the Editor:

This is in response to Dr. Kelso's letter (Oral allergy syndrome?) regarding our article published in the November 1994 issue of the JOURNAL.

Various considerations can be produced to demonstrate that our case report suggests the diagnosis of a "true" oral allergy syndrome (OAS) and not an egg allergy in which symptoms are confined to the mouth.

In our article we specified that the anamnestic term *hypotension* used by parents could be inappropriate, because they indicate with this term a nonspecific discomfort (which is commonly observed in early infancy also under different clinical conditions). No symptoms of

systemic involvement (cutaneous, gastroenteric, or respiratory) were demonstrated, either in this first episode or in others.

During the 3 years after the first observation, no changes in clinical data were observed: the symptoms of the allergy were always localized to only the mouth and throat, without any systemic manifestation.

Even though fresh fruits and vegetables are usually considered the most common causative agents in patients with pollinosis, theoretically, all foods may induce OAS.¹

Bircher et al.² demonstrated that IgE antibodies to food allergens (particularly fruits and vegetables) are highly prevalent in patients allergic to pollens. For this reason the occurrence of egg-related OAS without pollen sensitization can be considered a very unusual event. In other words, we think OAS is not exclusively associated with ingestion of fruits or vegetables in patients with pollinosis.

We agree with the concept that fruits and vegetables associated with OAS usually produce mild or moderate symptoms and, on the contrary, egg allergy may induce potentially life-threatening reactions. The local symptoms of our patient are in fact very severe, and when they are present, the ingestion of fresh or cooked eggs or foods containing eggs is not possible, even in small quantities.

In conclusion, because the mouth and throat represent the only "target" organ in our patient, we believe that this represents a true and unusual case of OAS.

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REFERENCES

1. Ortolani C, Spano M, Pastorello EA, Ansaloni R, Magri GC. Comparison of results of skin prick tests (with fresh foods and commercial foods extracts) and RAST in 100 patients with oral allergy syndrome. J ALLERGY CLIN IMMUNOL 1989;83:683-90.
2. Bircher AJ, Van Melle G, Haller E, Curty B, Frei PC. IgE to food allergens are highly prevalent in patients allergic to pollens, with and without symptoms of food allergy. Clin Exp Allergy 1994;24:367-74.

1/8/64144

Risk of sting anaphylaxis

To the Editor:

The report by van der Linden et al. (J ALLERGY CLIN IMMUNOL 1994;94:151-9) and the accompanying editorial by Lichtenstein (J ALLERGY CLIN IMMUNOL 1994;