

Correspondence

Reply

To the Editor:

We read with much interest the letter by Elizur et al¹ commenting on our article about coexistent allergy to nuts and sesame seed.² A common behavior among doctors when they are faced with a child with allergy to nuts/sesame seed is to prohibit all nuts/sesame seed, on the basis of an assumption of almost total cross-reactivity between nuts and sesame seed. Studies such as Nut CRACKER and Pronuts have shown these assumptions to be unfounded and such behavior, in our opinion, does not take into consideration the impact that this blanket ban has on the quality of life of patients and families.

Elucidating the actual phenotypes of nuts/sesame seed allergy in children has key implications, not only in reducing dietary restrictions but also in providing information that can enhance the safety and rationalization of performing oral food challenges (OFCs). Our article provides evidence on coexistent allergy between the nut pairs walnut/pecan nut and cashew nut/pistachio, with the first nut of each pair dominating over the second one. Thus, Elizur et al propose, on the basis of current evidence, a different order for an OFC with these nuts, depending on whether there is high or low probability of reaction. We agree with the order they suggest for performing an OFC; this would result in a more judicious use, and better safety profile for selective nut OFCs. In addition to the well-described walnut-pecan nut allergy pair, we found a walnut, pecan, hazelnut, and macadamia nut allergy cluster (Fig 1); 74% (n = 29 of 39) of children with

hazelnut allergy had walnut allergy and 56% (n = 29 of 52) of children with walnut allergy had hazelnut allergy; 93% (n = 13 of 14) of children with macadamia allergy had walnut allergy and 25% (n = 13 of 52) of children with walnut allergy had macadamia allergy. These are important coreactivities that can help the clinician with diagnostic and potentially future therapeutic modalities.

The Pronuts study showed geographical differences in the types of nut allergies in London, Geneva, and Valencia. Cultural and food habits vary across countries, and this may be, at least partially, responsible for the different rates of allergy to different nuts. Patients are interested in the nuts usually consumed in their environment and they might prefer, for example, an OFC with walnut, even with high probability of reaction, rather than with pecan nut if this is rarely consumed. Likewise, they might prefer an OFC with pistachio and omit that with cashew, depending on their availability for OFCs and the perceived risk of exposure to each nut. In fact, some of the patients who dropped out of the Pronuts study did so because they did not attend OFCs to the “exotic” nuts they were not interested in, or of which they had not heard of before.

The important studies by Elizur et al on IgE binding³ and cross-desensitization of related nuts⁴ provide compelling evidence that the correlation seen between walnut, pecan, and hazelnut allergies is more than a statistical association and has an immunological basis. Further research into the underlying immunologic mechanisms for the development of different nut allergies and for cross-desensitization will support specific treatments for nut allergies.

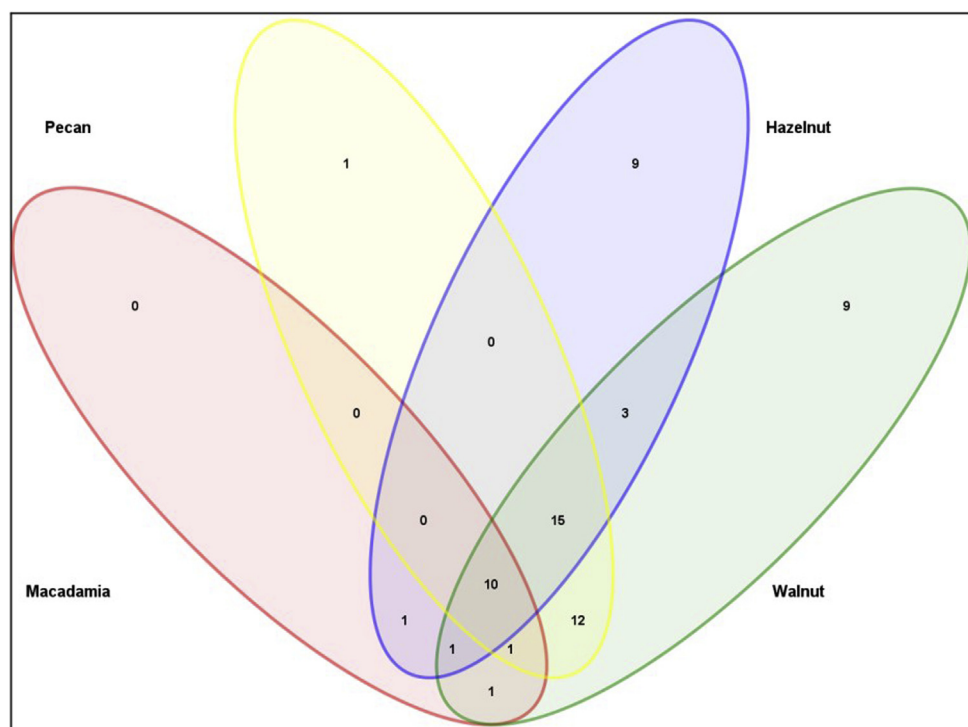


FIG 1. Walnut, pecan, hazelnut, and macadamia nut allergy cluster.

Helen A. Brough, FRCPCH, PhD^{a,b,c,*}
 Jean-Christoph Caubet, MD^{d,*}
 Angel Mazon, MD, PhD^e
 Diab Haddad, MRCPC^f
 Marcel M. Bergmann, MD^g
 Jacqueline Wassenberg, MD^g
 Valentina Panetta, MSc^h
 Rosalyn Gourgey, RD, MSc^{a,b,c}
 Suzana Radulovic, MD^{a,b,c}
 Maria Nieto, MD^e
 Alexandra F. Santos, MD, PhD^{a,b,c,i}
 Antonio Nieto, MD, PhD^e
 Gideon Lack, MB BChir^{a,b,c}
 Philippe A. Eigenmann, MD^d

From ^athe Paediatric Allergy Group, Department of Women and Children's Health, King's College London, St Thomas' Hospital, London, ^bthe Paediatric Allergy Group, Peter Gorer Department of Immunobiology, School of Immunology & Microbial Sciences, King's College London, Guy's Hospital, London, and ^cChildren's Allergy Service, Evelina Children's Hospital, Guy's and St Thomas' Hospital NHS Foundation Trust, London, United Kingdom; ^dthe Department of Pediatrics, Gynecology and Obstetrics, Medical School of the University of Geneva, University Hospitals of Geneva, Geneva, Switzerland; ^ethe Unit of Pediatric Allergy and Pneumology, Children's Hospital La Fe, Institute of Health Research La Fe, Valencia, Spain; ^fSt Peter's Hospital, Chertsey, United Kingdom; ^gthe Unit of Pediatric Allergy and Rheumatology, Department of Pediatrics, University Hospital of Lausanne, Lausanne, Switzerland; ^hL'altrastatistica srl, Consultancy & Training, Biostatistics Office, Rome Italy; and ⁱAsthma UK Centre in Allergic Mechanisms of Asthma, London, United Kingdom E-mail: Helen.Brough@gstt.nhs.uk.

*These authors contributed equally to this work and are joint first authors.

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