

Editorial comments on: “Food allergy in early childhood increases the risk of pollen food allergy syndrome”

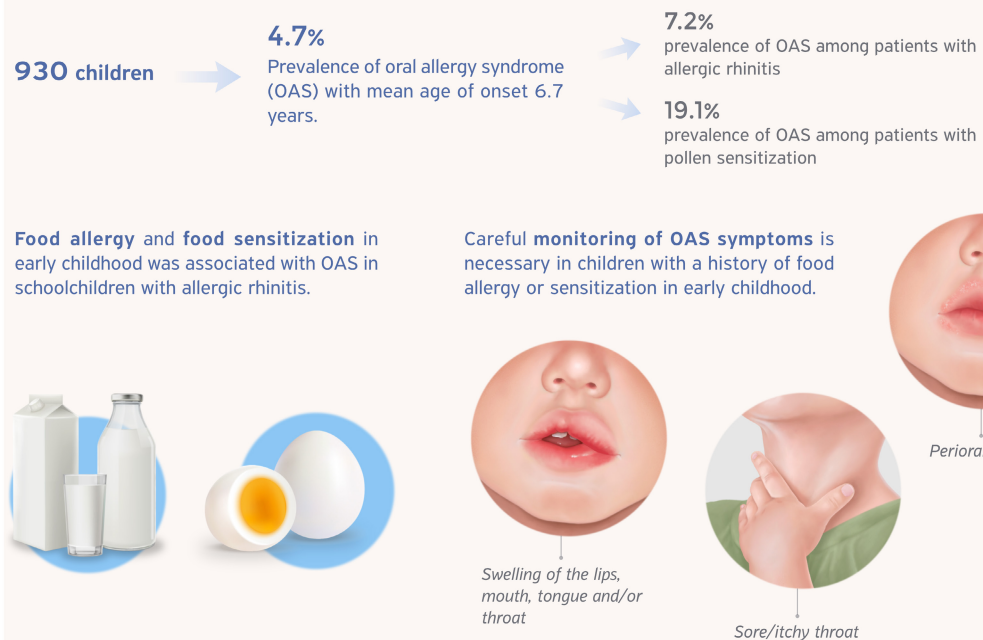


Kun-Baek Song

Oral allergy linked to sensitization to pollen, also called pollen food allergy syndrome (PFAS), is the most common food-related, IgE-mediated allergy, as a large proportion of patients with mostly tree pollen sensitization (birch being a common sensitizer) may present with oral itching or perioral rashes after eating raw fruits or vegetables. Interestingly, these symptoms may appear sometimes before the pollen allergy becomes clinically relevant, and predictors of PFAS are difficult to determine. Nevertheless, oral allergy to raw fruits or vegetables is also clearly present in children with pollen-related respiratory symptoms.¹

We highlight here as editor's choice the recent study by Kun Baek Song and colleagues who aimed to investigate the prevalence of PFAS in a general population aged 6–10 years who has been recruited from the COhort for Childhood Origin of Asthma and Allergic diseases (COCOA).² Other recent findings from this cohort have been previously published in this journal.^{3,4} For the current study, yearly follow-ups with pediatric allergists allowed collection of information on allergic symptoms, diagnosis, and treatments. PFAS was diagnosed by a physician or in the presence of typical symptoms such as itching, sore throat, or swelling of the lips, mouth, and throat immediately after eating fresh fruits or vegetables. Among the 930 children who were included, 44 (4.7%) had PFAS with a mean age of onset of 6.7 years. The patients were mostly sensitized to birch, oak, and alder, and the causative foods were kiwi and peaches, vegetables, and nuts. PFAS was also clearly associated at age 1–3 years with food allergy (adjusted odds ratio: 3.8) and atopic dermatitis (adjusted odds ratio: 2.4). Also, these children were frequently sensitized at this young age to egg, milk, and peanut.

Food allergy in early childhood increases the risk of oral allergy syndrome



This is an editorial comment on Song K-B, et al. To view this article visit <https://onlinelibrary.wiley.com/doi/10.1111/pai.13786>.

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Overall, data from this prospective cohort of non-selected Korean children show the association between PFAS at school age and allergic disease in early childhood, in particular with food allergy. While this trend might probably be also observed in other populations, the types of sensitizations and foods involved in the PFAS will vary in other areas of the world. Nevertheless, allergists need to be aware of the possibility of PFAS in children reacting, for example, to nuts, foods which might also provoke more severe symptoms due to primary sensitization mostly to storage proteins.

CONFLICT OF INTEREST

No conflict of interest.

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