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Correspondence

Food Allergy-“Papaya: Pear or Pain”

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Sir

Food allergy is a common but overlooked cause of abdominal pain. We describe a case of female internist with chronic recurrent abdominal pain who was investigated for multiple provisional diagnosis of gall bladder disease, sphincter of Oddi dysfunction, recurrent pancreatitis, autoimmune pancreatitis, superior mesenteric artery syndrome and splenic flexure syndrome but final culprit turned out to be papaya intolerance and later on a diagnosis of latex food allergy was confirmed.

A 46 yr. old female, a case of autoimmune hypothyroidism on eltroxin, with personal and family history of atopy, presented with history of recurrent upper abdominal pain for last three years. Pain episodes ranged from dull ache to severe colic. It was post prandial pain, located in left hypochondrium, increased gradually to involve whole of upper abdomen and relieved by taking antispasmodic analgesics in six to eight hours. There was no history of nausea, vomiting, diarrhoea, haematemesis, melena, weight loss and ingestion of NSAID's. She had a normal clinical examination during pain attacks. Her investigations including complete blood count, ESR, liver function tests, renal function tests, blood sugar, amylase, lipase, thyroid profile, flat plate abdomen, ultrasound abdomen, upper gastrointestinal endoscopy and contrast CT abdomen were normal.



Fig. 1 : Endoscopy showing severe erosive gastritis.

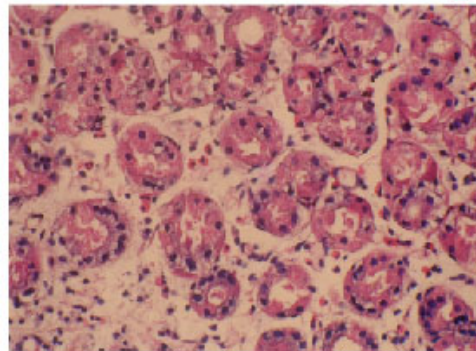


Fig. 2 : Gastric biopsy showing increased eosinophils.

One such episode of severe pain was treated with nil per orally, intravenous fluids, injection ceftriaxone, pantoprazole and multiple antispasmodic analgesics for seven days at local place with the possibility of acute abdomen. All repeat blood investigations were normal, ultrasound abdomen showed sludge in gall bladder which was confirmed by endoscopic ultrasound. She was subjected to ERCP with papillotomy and sludge removed. After papillotomy frequency and severity of pain decreased but she still had infrequent episodes of mild abdominal pain of almost same nature. Repeated ultrasound abdomen, amylase and lipase during pain episodes were normal. Pain increased in frequency and severity for last six months. Clinical examination and repeated blood investigations including ANA, PTH assay, urine porphyrin levels were normal. Ultrasound abdomen, MRCP, colonoscopy and small bowel enema were normal. Upper gastrointestinal endoscopy showed severe erosive gastritis with red pepper appearance. Gastric biopsy showed mucosal edema with increased inflammatory cell infiltrate consisting of lymphocytes, plasma cells and eosinophils (30/HPF) in superficial lamina propria consistent with allergic gastritis. Repeat endoscopic ultrasound showed normal upper abdominal study, duodenal biopsy showed no evidence of eosinophilic gastritis. Ampullary biopsy was normal with no significant IgG4 stained plasma cells. *H. pylori* IgG antibody was 1.6u/ml(0-20 unit/ml). Serum IgG4 level was 500 mg /L (61-1214 mg /L). Serum IgE level was 880 KU/L (normal 20-100 KU/L). With the diagnosis of food allergy patient was advised dietary food surveillance and it was noticed that she is fond of eating papaya and other fruits and later on it could be recalled that most of the pain episodes occurred after eating papaya. Blood test for latex allergen specific IgE was positive. Oral challenge with papaya, and other latex containing foods such as cherry, celery and plums produced similar type of pain. She was advised to avoid all latex containing foods and now she is asymptomatic at twelve months of follow up.

IgE mediated reactions to fruits and vegetables are the most common type of food allergy reported by questionnaire in Europe.¹ In the last two decades of the 20th century latex allergy has reached epidemic proportions. Epidemiologic studies demonstrate that 3% to 25% of health personnel are allergic to latex and 30% to 50% of all individuals allergic to natural rubber latex are sensitive to some plant derived foods.² Cross reactivity with latex proteins is noted with banana, cherimoya, papaya, tomato, chestnut, avocado, kiwi, passion fruit, mango and wheat.³ Our case demonstrates that food allergies should be considered in the differential diagnosis of various abdominal disorders when standard diagnostic tests can not explain the disease process.

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