

LETTERS TO THE EDITOR

Dear Editor,

**BUCKWHEAT ANAPHYLAXIS IN A PREVIOUSLY NON-ATOPIC
11-YEAR-OLD BOY**

An 11-year-old Japanese boy presented to the emergency department with anaphylaxis. That evening, he had eaten a meal consisting of soba (buckwheat) noodles, egg, broccoli and wasabi. Within 60 min, he developed generalised urticaria, persistent cough and a hoarse voice. On arrival to the emergency department, he was hemodynamically stable with saturations of 92% in room air and bilateral wheeze on auscultation of the chest. Adrenaline and antihistamine were administered with prompt clinical response. He regularly consumed egg and broccoli. Soba noodles had also been a frequent part of the diet in the past but not in the last 6 months. He was otherwise well with no history of asthma, eczema or food allergies. Interestingly, he asked if his allergic reaction might be related to his traditional buckwheat pillow that had recently been making his face itchy. He was followed up in our Paediatric Allergy Clinic. A skin prick test was performed and was strongly positive for buckwheat at 15 mm (Fig. 1).

Buckwheat (*Fagopyrum esculentum*) is a grain-like seed taxonomically unrelated to wheat originating from Central Asia. It is used to make Japanese noodles (soba), Korean jelly (memil-muk), Indian bread (kuttu ki purra), Northern Italian pasta (pizzocheri) and European pancakes (Russian Blini, Breton Galletes). As it is gluten free, it is becoming increasingly popular in Western diets.¹



Fig. 1 Skin prick testing strongly positive for buckwheat (B) at 15 mm. Histamine (H) and negative controls (C) are also visible.

Buckwheat allergy and anaphylaxis is commonly described in children in Japan and Korea.² It is the fourth most common cause of food-induced anaphylaxis in Japan and fifth in Korea. It has been described in Italy, the USA and other European countries.¹ It is an emerging problem in Australia, with eight adults patients identified in an Adelaide case series from 2008 to 2014.³ There are multiple reports of buckwheat anaphylaxis associated with sensitisation from traditional buckwheat pillows.⁴ With increasing popularity of gluten-free diets and greater exposure to multicultural cuisines, it has the potential become a more relevant food allergen. Of concern are reports of anaphylaxis to buckwheat as an undeclared allergen in burgers, pasta, pizza dough, cakes and breads.¹

This is the first reported case of childhood buckwheat anaphylaxis in Australia. The proposed mechanism is sensitisation by either cutaneous exposure or inhalation of buckwheat protein during a period of prolonged delay from the last oral exposure. Alternatively, the child may have already been sensitised to buckwheat; however, repeat regular ingestion conferred tolerance that was lost during a period of accidental avoidance. This highlights the potential for non-atopic children repeatedly exposed to food proteins via a parenteral route to develop severe allergic responses such as anaphylaxis.

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Conflict of interest: None declared.

References

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Dear Editor,

**ASSOCIATION OF PNEUMOTHORAX WITH USE OF A BOUGIE
FOR ENDOTRACHEAL INTUBATION IN A NEONATE**

We report an observation of a life-threatening pneumothorax with a bougie-assisted (Fig. 1) intubation in a 34-week