

Correspondence

Sensitization to *Anisakis simplex*: Inhalant allergy versus gastroallergic anisakiasis

To the Editor:

I would like to comment on the interesting study by Nieuwenhuizen et al,¹ who reported *Anisakis*-specific IgE reactivity in fish-processing workers to be associated with bronchial hyperreactivity and dermatitis.

In fact, in recent times, many publications led us to associate worms with prevention of allergy. It is nevertheless important to denote that these associations could be valid for the case of patients with past or current parasitic infections.

In this study, it seems that atopic fish-processing workers have a 3-fold or more increased risk of presenting with *Anisakis*-related allergic symptoms than nonatopic workers. The study concludes that (inhalant) sensitization to the fish parasite *Anisakis* is an important risk factor for allergic disease. The demonstrated association of high fish consumption with an increased prevalence of sensitization is probably a result of the higher probability of past contact with the live larvae, which also depends on the way the fish is consumed.

It would be interesting to have insight into the results of sensitization to aeroallergens in these patients sensitized to *Anisakis simplex*. Cross-reactivity has been demonstrated between *Anisakis simplex* allergens and other parasites, but more interestingly with house dust mites.² Thus, the reader could speculate that the described association of sensitization to *Anisakis simplex* with allergic disease is the other way around: patients with a possible clinical sensitization to house dust mites are more prone to show a clinical relevant or subclinical sensitization to the parasite *Anisakis simplex*.

We have previously described in your Journal gastroallergic anisakiasis as a probably frequently underdiagnosed clinical entity of an acute parasitism by *Anisakis simplex*.³ With respect to the interesting question of the atopic status of patients with gastroallergic anisakiasis,

in yet unpublished data, we studied 35 consecutive patients with confirmed gastroallergic anisakiasis with respect to the prevalence of rhinoconjunctivitis or asthma. Only 17% of patients with acute parasitism by *Anisakis simplex* had concomitant allergic inhalant allergy, compared with a prevalence of allergic inhalant allergy in our region of 30%. Our results could be only partly explained by the different age patterns with respect to the prevalence of atopic disease or gastroallergic anisakiasis, so that we finally found a negative association of the history of acute parasitism by *Anisakis simplex* with allergic sensitization to aeroallergens.

In conclusion, it is interesting to notice that “sensitization” to *Anisakis simplex* has different interpretations depending on the patient having had acute parasitism or having been sensitized by an inhalant occupational allergen.

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