

Correspondence

Reply

To the Editor:

We would like to thank González-Pérez et al¹ for their insightful observations on our article.² We concur with them that ingestion of foods contaminated with mites can induce not only severe episodes of anaphylaxis but also milder clinical pictures, such as urticaria, angioedema, rhinorrhea, nasal congestion, conjunctivitis, or gastrointestinal symptoms, which might not fulfill the currently accepted criteria for the diagnosis of anaphylaxis.³

Concerning the pathogenesis of oral mite anaphylaxis (OMA), very little information is available, and additional research is needed to obtain a better understanding of the mechanisms leading to the acute and often severe clinical manifestations observed in this subset of atopic subjects.

Patients with OMA might carry a genetic or otherwise unknown abnormality predisposing them to both reactions to the ingestion of mites and cross-reactive hypersensitivity to COX-1 inhibitors. Most patients have a history of previous reactions to aspirin and classic nonsteroidal anti-inflammatory drugs before development of OMA. However, we have also reported on a 7-year-old boy who experienced pancake syndrome 2 years before presenting with facial angioedema immediately after taking ibuprofen.⁴ Because these 2 conditions are frequently associated, the recommendation for testing nonsteroidal anti-inflammatory drug hypersensitivity in patients with OMA should be taken into consideration by allergists and other practitioners.

Because OMA represents a real burden for patients and their families, as is the case for any patient with severe food allergies, it

is important to increase awareness of this allergic condition to provide better care for our patients.

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REFERENCES

1. González-Pérez R, Poza-Guedes P, Matheu V, Sánchez-Machín I. Oral mite ingestion: expect more than anaphylaxis. *J Allergy Clin Immunol* 2013 ■■■: ■■■.
2. Sánchez-Borges M, Suárez Chacón R, Capriles-Hulett A, Caballero-Fonseca F, Fernández-Caldas E. Anaphylaxis from ingestion of mites: pancake anaphylaxis. *J Allergy Clin Immunol* 2013;131:31-5.
3. Simons FER, Ardusso L, Bilo MB, El-Gamal YM, Ledford DK, Ring J, et al. World Allergy Organization guidelines for the assessment and management of anaphylaxis. *J Allergy Clin Immunol* 2011;127:587-93, e1-20.
4. Sánchez-Borges M, Capriles-Hulett A, Caballero-Fonseca F. Oral mite anaphylaxis (the "pancake syndrome") also observed in children. *Ann Allergy Asthma Immunol* 2006;96:755-6.

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