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## Allergy to *Parietaria* pollen and the ETAC study

To the editor:

The December issue of The JACI featured an interesting and important article by Dr John Warner<sup>1</sup> regarding treatment with cetirizine for the prevention of onset of asthma in children with atopic dermatitis (AD). The author, on behalf of the Early Treatment of the Atopic Child (ETAC) study group, is to be congratulated on his extensive collection of data.

Surprisingly, however, he found among allergic children with AD none who reacted positively to *Parietaria* pollen. At least one third of the enrolled patients lived in Italy, France, and Spain, where allergy to *Parietaria* pollen is very common in adults and children.<sup>2,3,4</sup> Moreover, at least 3 of the patient enrollment sites—Rome, Nice, and Barcelona—are typical Mediterranean cities, where *Parietaria* pollen is a common cause of seasonal asthma and/or hay fever.<sup>5</sup> During the study's follow-up period (18 months), allergy to *Parietaria* pollen was not found either in the active group or the placebo group.

It is difficult to understand how children with AD who are at risk for asthma and live in Mediterranean countries could be allergic only to grass, house dust mite, and cat dander, given that some patients with sensitization to pollens of the Urticaceae family (*Parietaria judaica* and *Parietaria officinalis*) are found in the United States<sup>6</sup> as well as the United Kingdom.<sup>7</sup> One possibility is that ETAC study group intentionally ruled out patients with AD who were allergic to *Parietaria*. In such a case, the authors probably introduced an important bias into their trial.

In our opinion, further studies regarding this issue should include *Parietaria* pollen in the aeroallergens panel for skin prick testing and/or RAST assay. *Parietaria* (pellitory-of-the-wall) would be particularly relevant to some patients living in southern Europe.

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## References

1. Warner JO. A double-blinded, randomized, placebo-controlled trial of cetirizine in preventing the onset of asthma in children with atopic dermatitis: 18 months' treatment and 18 months' posttreatment follow-up. *J Allergy Clin Immunol* 2001;108:929-37.
2. D'Amato G, Spieksma FT, Liccardi G, Jager S, Russo M, Kontou-Fili K, et al. Pollen-related allergy in Europe. *Allergy* 1998;53:667-78.

3. D'Amato G, Lobefalo G. Allergenic pollen in the southern Mediterranean area. *J Allergy Clin Immunol* 1989;83:116-22.
4. Botey J, Torres A, Belmonte J, Eseverri JL, Marin A. Parietaria allergy in children. *Pediatr Pulmonol* 1999;Suppl 18:157-62.
5. Valero Santiago A, Malet i Casajuana A, Garcia Calderon PA. Parietaria judaica and dermo-respiratory allergy in Barcelona: a study of 250 cases. *Allergol Immunopathol (Madr)* 1998;16:209-14.
6. Kaufman HS. Parietaria: an unrecognized cause of respiratory allergy in the United States. *Ann Allergy* 1990;64:293-6.
7. Holgate ST, Jackson L, Watson HK, Ganderton MA. Sensitivity to Parietaria pollen in the Southampton area as determined by skin-prick and RAST tests. *Clin Allergy* 1988;18:549-56.

Reply

To the editor:

I thank Drs Pajno and La Grutta for their letter and their interest in the ETAC study. We did not specifically exclude children with atopic dermatitis (AD) who were sensitive to Parietaria pollen. Indeed, it is very likely that many of those enrolled from our Italian, French, and Spanish centers would have been so sensitized. However, within the study protocol, no attempt was made to detect this sensitivity. The IgE antibody measurements were restricted to egg, milk, grass pollen mix, house dust mite, and cat. This was a pragmatic decision of the Scientific Advisory Board based on the allergens that would give the maximum number of positives, it being taken into account that we recruited infants from a wide geographical area, both in northern and southern Europe and in Canada. Those coming from Scandinavian countries almost certainly had a relatively high prevalence of allergy to birch pollen, but, again, this was not included in the original protocol.<sup>1</sup> To maintain uniformity of investigation in this large study, it was necessary to restrict ourselves to measuring antibodies to a small group of allergens. The amount of blood available was limited, but clearly it will be of interest to do some subgroup analyses to establish whether there were any additional influences from particular sensitivities. This exercise is being conducted for birch pollen, and it will also be done for Parietaria within the limits dictated by the availability of serum from the infants in the study.

As the ETAC study has identified that specific subgroups of infants with AD benefit from prophylactic treatment with cetirizine, with a particular focus on those sensitized to house dust mite and grass pollen, there is now a clear need to set up additional studies to establish whether other specific sensitized groups, such as those reacting to Parietaria pollen from southern Europe, might also derive similar benefits. The prevention of asthma in children with AD is a very important strategy for all of us who work in pediatric allergy. I hope that Drs Pajno and La Grutta might be interested in conducting a study, as they suggest in their letter.

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#### Reference

1. Hesselmar B, Aberg B, Eriksson B, Aberg N. Allergic rhinoconjunctivitis, eczema and sensitisation in two areas with differing climates. *Pediatr Allergy Immunol* 2001;12:208-15.