

Anaphylaxis to deer dander

The current article in the journal by Amrol et al identifies a systemic allergic reaction by a 4-year-old child to a domesticated wild deer kept in a neighbor's home (Ann Allergy Asthma Immunol 2000;85:372–373). Animal proteins, both domestic and wild, can be highly allergic. The identification of Fel-d1 as the major cat allergen was identified by Ohman 25 years ago.¹ Our prior article published in 1985 in the *Annals of Allergy* identified allergic reactions to deer and elk showing antigen presence in pelt, urine, and serum. IgE-mediated response was demonstrated by positive skin tests, RAST tests, and RAST inhibition. At that time it was thought that exposure was limited to a smaller population of hunters, ranchers, and commercial hunting guides. Spouses of hunters who did not have primary exposure were shown to become sensitized by secondary exposure to their clothing.² Most patients allergic to wild animals are also allergic to domestic animals.

Animal allergens are ubiquitous and present in many homes. Above 5500 feet, in the absence of dust mite antigen, these proteins may constitute the

major indoor allergenic exposure.³ Domestic animal proteins may be transferred by clothing and furnishings from house to house. Further, with the increasing construction of 'superinsulated homes' and contamination of forced air heating systems by animal and avian proteins, indoor animal antigen exposure may be increasing. This current case report points out that domesticated wild animals are being brought into private homes much more commonly.

The role of the clinical allergist as the environmental supersleuth in detecting the source of reactions in sensitized patients is underscored by this report. The allergist must keep an open mind in pursuing the unusual or silent allergen. This emphasizes the fundamental approach used by the allergists in matching a detailed history, physical examination, and appropriate laboratory testing with each patient's clinical case. This is another instance where the remote practice of allergy would be ineffective.

Unfortunately, the practice of bringing wild animals into the home as pets will most likely continue and allergic

patients will become increasingly sensitized to their antigens. It should be stressed that the most important preventive measure that can be taken would be to keep wild animals outside the home as much as possible and change clothing after exposure to prevent bringing those allergens indoors. The clinical allergist needs to have a high index of suspicion, keep an open mind, and use a traditional approach accompanied by innovative techniques to make the appropriate diagnosis.

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