Z. Szépfalusi

Letter to the editor

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In the September 1998 issue of *Allergy* (1), Escribano et al. presented the case of a child with oral allergy syndrome related to bird meat and allergic digestive symptoms in response to egg ingestion. The serologic and skin prick test evaluations revealed sensitization to bird meat (chicken, quail, and turkey) and feathers, including those of partridge. Furthermore, the patient was positive in RAST for egg white (2.6 PRU/ml) but was consistently negative for egg yolk in all testings. The authors suggest an association with the ''bird-egg-syndrome'', which in the case of the presented child might be atypically expressed.

In our opinion, neither the history nor the serologic evaluations allow such an assumption. The ''bird-egg-syndrome'', as pointed out by the authors, entails respiratory allergy to feathers and allergic digestive reaction to egg (2–4). The cross-reactive allergen has been defined as egg-yolk α-livetin with a molecular mass of approximately 70 kDa.

Apparently, the child did not react to any of these allergens except feather in the skin prick test. The presence of egg-white sensitization is not a typical feature of the ''bird-egg-syndrome''; instead, it suggests another association. To verify their assumption, the authors should have done immunoblotting (with inhibition) experiments.

In similar cases, Liccardi et al. (5) and, more recently, Cahen et al. (6) clearly showed by performing such immunoblotting experiments that the patients' history and serologic data were not associated with the ''bird-egg-syndrome''.

In our opinion, the authors presented the interesting case of a child with oral allergy syndrome to bird meat and digestive symptoms caused by egg proteins (egg white), features which appeared not to be typical of the ''bird-egg-syndrome''.

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