
Correspondence

ADDITIONAL INFORMATION ON THE PANCAKE SYNDROME

To the Editor: In the April issue, Drs Hannaway and Miller reported a case of oral mite anaphylaxis in a 52-year-old patient from Massachusetts.¹ There are two interesting features of this article that deserve more discussion. First, this is a case indigenous to the northeastern United States, whereas most patients with oral mite anaphylaxis live in tropical climates.²

The original description by Erben et al³ and a second one⁴ describing anaphylaxis caused by beignets came from Detroit and Philadelphia. Both cases were triggered by beignets made from a previously unopened mix purchased in New Orleans, so it is likely that contamination occurred in the factory. No description is provided on the season of the episode, but in temperate climates it would be expected that increased heat and humidity during summer favor mite proliferation.

The observation that only a few cases of oral mite anaphylaxis have been published underlies the fact that most cases are undiagnosed or labeled as “idiopathic” anaphylaxis, since, at least in the tropics, this syndrome may occur more often than is noticed.

Second, the patient experienced symptoms from inhalation of cooking vapors. We have observed similar symptoms when patients inhaled mite-contaminated flour, and Skoda-Smith et al⁵ presented a patient who had symptoms after inhalation of pizza dough mix containing *Dermatophagoides farinae*.

We would also like to address some statements that we consider incorrect. The authors state that “Blanco et al have described patients from Spain and Venezuela” and “because most of their patients reacted to mite-contaminated pancake flour, they labeled this condition ‘the pancake syndrome.’”

Our series of 30 patients from Venezuela was presented at the American Academy of Allergy Meeting in 1995. Dr Blanco was in

the audience, and our presentation encouraged him to publish his 16 cases from the Canary Islands 2 years later.⁶ Regarding the name of pancake syndrome, 3 of 16 cases in Blanco’s series had symptoms caused by pancakes. On the other hand, in our 30 patients, 16 had anaphylaxis triggered by pancakes.⁷ In 2001, we proposed the designation of “pancake syndrome,” which we think is most appropriate because of the association with pancake ingestion.² This designation was not enthusiastically received in North America, where physicians are cautious about the possibility of lawsuits from commercially interested parties. However, in another report published last year, Miller and Hannaway⁸ supported this term.

MARIO SÁNCHEZ-BORGES, MD
ARNALDO CAPRILES-HULETT, MD
FERNAN CABALLERO-FONSECA, MD
Allergy and Immunology Department
Centro Médico-Docente La Trinidad
Caracas, Venezuela
maestherguevaras@gmail.com

1. Hannaway PJ, Miller JD. The pancake syndrome (oral mite anaphylaxis) by ingestion and inhalation in a 52-year-old woman in the northeastern United States. *Ann Allergy Asthma Immunol*. 2008;100:397–398.
2. Sánchez-Borges M, Capriles-Hulett A, Suárez-Chacón R, Fernández-Caldas E. Oral anaphylaxis from mite ingestion. *Allergy Clin Immunol Int*. 2001;13:33–35.
3. Erben AM, Rodríguez JL, McCullough J, Ownby D. Anaphylaxis after ingestion of beignets contaminated with *Dermatophagoides farinae*. *J Allergy Clin Immunol* 1993;92:846–849.
4. Spiegel WA, Anolik R, Jakabovics E, Arlian LG. Anaphylaxis associated with dust mite ingestion. *Ann Allergy*. 1994;72:56.
5. Skoda-Smith S, Mullen GR, Oi F, Atkinson TP. Angioedema following dust mite exposure presenting as suspected food allergy. *J Allergy Clin Immunol*. 1996;97:228.
6. Blanco C, Quirarte J, Castillo R, et al. Anaphylaxis after ingestion of wheat flour contaminated with mites. *J Allergy Clin Immunol*. 1997;99:308–313.
7. Sánchez-Borges M, Capriles-Hulett A, Fernández-Caldas E, et al. Mite-contaminated foods as a cause of anaphylaxis. *J Allergy Clin Immunol*. 1997;99:738–743.
8. Miller JD, Hannaway PJ. The pancake syndrome. *Allergy Asthma Proc*. 2007;28:251–252.

Disclosures: Authors have nothing to disclose.