



An Itchy Throat and Other Food Allergy Symptoms

Stanford T. Shulman, MD

Children with food allergy-related symptoms, or at least those suspected to have a food allergy, are very common in pediatric practice today. In this issue of *Pediatric Annals*, Dr. Sami Bahna has organized a very nice collection of reviews that cover the issues of the great array of possible respiratory, dermatologic, gastrointestinal, and behavioral manifestations of food allergy. These reviews outline appropriate steps in diagnosis and management to guide practitioners in dealing with these problems.

I found the article entitled “Do Food Additives Cause Behavior Disorders?” to be particularly interesting because we hear from so many parents who are convinced that sugar or food dyes or other additives directly (and negatively) affect their child’s behavior. This complete and careful review of the literature by Cruz and Bahna highlights how little scientific support exists for this concept and yet how pervasive this parental belief is.

I must confess, however, that I am most interested in reading about OAS, the “oral allergy syndrome,” because of my personal experience with this condition. Up to 6% of individuals with allergy to common pollens like ragweed or trees can develop quite annoying oral or pharyngeal symptoms on eating melon, banana, or both. This occurs despite the fact that the offending fruits and pollen, which possess cross-reacting protein antigens, belong to different families. In my personal situation, melon (especially cantaloupe) induces this ragweed-allergic pediatrician to develop fairly severe oropharyngeal pruritus. This is a highly distressing symptom, albeit not one likely to lead to laryngeal edema. Other symptoms that have been reported (not by me) include tingling of the mouth and tongue, rash on lips and chin, and a tight sensation in



the pharynx. Birch pollen apparently cross-reacts with apple, carrots, and/or kiwi, and there is a longer list of other fruits and vegetables that also have been reported to cause OAS less frequently.

In the absence of the availability of food allergy stamps, I have chosen three stamps related to pediatric HIV infection to illustrate this month’s column.



The 1997 miniature souvenir sheet from the Republic of Niger shows Princess Diana speaking on behalf of children with AIDS at a meeting of the National AIDS Trust in the United Kingdom. Diana was well-known for her efforts to raise funds



and increase public awareness of pediatric HIV infection. The stamp from the Dominican Republic shows an emaciated child with AIDS, and the Vatican City stamp from 2004 reminds the world of the 11 million African children or-

phaned by HIV infection. In 2006, it is estimated that there are in excess of 12 million orphans whose parents died of HIV, with estimates that there may be two to three times as many such orphans in sub-Saharan Africa by 2010.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.