

This study suggests that, in view of their good tolerability and low cost, LRA should be tried in all patients with unremitting, steroid-dependent chronic urticaria before more challenging therapies, such as IVIG or cyclosporin, are considered.

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*Ambulatorio di Allergologia
Ospedale Caduti Bollatesi
Via Piave 20
20021 Bollate (MI)
Italy

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Allergy to linden pollen (*Tilia cordata*)

P. Mur*, F. Feo Brito, M. Lombardero, D. Barber, P. A. Galindo, E. Gómez, J. Borja

Key words: linden allergens; linden pollen allergy; rhinoconjunctivitis; *Tilia cordata*.

● ALLERGY to linden pollen (the most common species is *Tilia cordata*) has not been previously documented.

We present the case of a pollinic patient sensitized to linden pollen.

A 21-year-old woman was diagnosed 10 years ago as having rhinoconjunctivitis and asthma caused by olive and grass

pollen. After 6 years of specific immunotherapy, she experienced clinical improvement.

However, every June, during the last 4 years, she reported nasal,

ocular, palatine, ear, and pharynx pruritus; conjunctival hyperemia; sneezing; and night cough. She related it to the flowering of a linden tree near her house. She was asymptomatic in June when she was away from home.

Her white cell count and differential blood count were normal. The total IgE (Pharmacia CAP) was 334 kUA/l. The skin prick test (SPT) to extract of *T. cordata* pollen (5% w/v) was positive (11×17 mm). SPT was also positive to

A specific linden-pollen allergen of ~50 kDa has been detected.

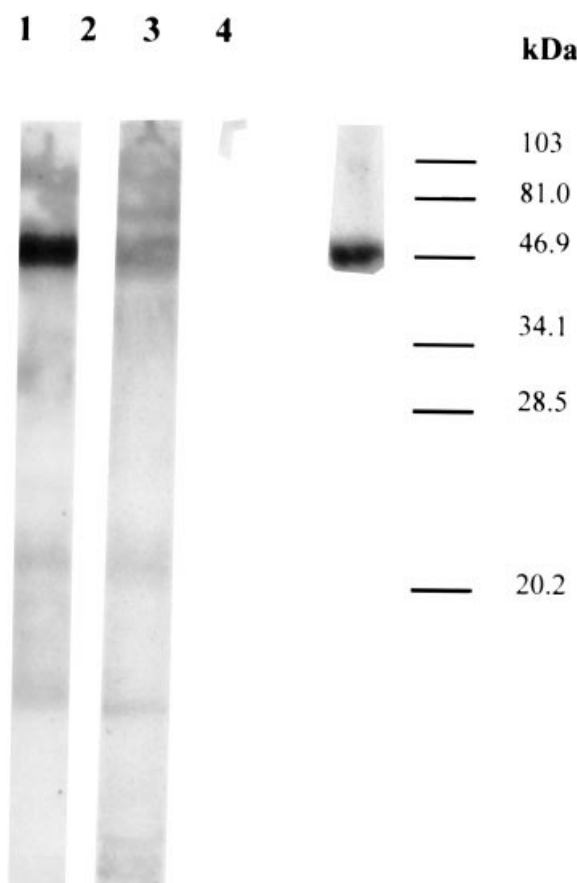


Figure 1. IgE immunodetection experiment: lane 1) *Tilia* extract; 2) *Platanus* extract; 3) negative control; 4) inhibition of *Tilia*-IgE immunodetection with *Platanus* extract.

Lolium sp., *Olea* sp., *Plantago* sp.,
Artemisia sp., *Platanus* sp., *Chenopodium*
sp., and *Parietaria* sp.

The conjunctival provocation test (1) was positive in our patient at 0.5 mg/ml. The nonspecific bronchial reactivity test with methacholine (2) was negative. A specific bronchial provocation test (3) was performed with extract of linden pollen and found to be negative. Specific IgE (Pharmacia CAP System) to *T. cordata* pollen was positive (27.7 kUA/l) and also to pollens of *Lolium perenne* (13.8 kUA/l), *Artemisia vulgaris* (10.8 kUA/l), *Plantago ovata* (9.6 kUA/l), and *Platanus acerifolia* (15.5 kUA/l).

By means of RAST inhibition with paper disks sensitized to *T. cordata* and the patient's serum (4), no inhibition of RAST was detected with *Lolium*, *Olea*, and *Plantago* extracts, but a partial inhibition (~30–40%) was detected with *Artemisia* and *Platanus* pollen extracts. IgE immunodetection of *T. cordata* extract after SDS–PAGE indicated that the patient's serum had IgE against several bands, mainly at ~50 kDa and also at ~23 and ~10 kDa (Fig. 1). Similar bands were detected in the *Platanus* extract, but the ~50 kDa band was much weaker. Inhibition of *Tilia*-IgE immunodetection with *Platanus* extract showed the existence of cross-reactivity of the smaller bands, but not of the 50-kDa band (Fig. 1).

In conclusion, exposure to linden pollen can induce IgE-mediated rhinoconjunctivitis and cough, as demonstrated by SPT, conjunctival provocation, and IgE *in vitro* tests. A specific 50-kDa linden allergen has been detected. Linden pollen must be taken into account when the patient's symptoms correlate with linden pollination, as other relevant pollens in the area (olive and grass) could hide it (5).

*C/San José, 11, 4^oA
13500 Puertollano
Spain
E-mail: pmj01b@nacom.es

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Ulcerative colitis possibly due to hypersensitivity to wheat and egg

D. A. Moneret Vautrin*, J. Sainte-Laudy, G. Kanny

Key words: food allergy; positive CAST; recovery; ulcerative colitis.

• A 44-YEAR-OLD woman was treated for ulcerative colitis. Abdominal pain and diarrhea had appeared in 1980. The diagnosis was confirmed by coloscopy and histology of biopsies. Since 1987, she had

been regularly treated with hydrocortison rectal foam and mesalazine. She observed a very strict diet, poor in fiber, without roughage or green

Healed by diet, antihistamines, and cromoglycate.

vegetables. Nonetheless, the abdominal pain appeared several times per week, and she presented regularly one soft stool per day. Several episodes of glairy and bloody stools were also noted.

As food allergy to egg was diagnosed in her two children by skin tests, specific IgI determination, and standardized oral provocation tests, she underwent tests in January 2000 to detect masked food allergy.

Prick tests were negative to the usual aeroallergens and to 25 foods, particularly wheat flour and egg, which she usually consumed. Total IgE was within the normal range (138 kU/l), and egg- and wheat flour-specific IgEs were negative (Pharmacia CAP). The lymphocyte activation test (TAL) by flow cytometry (1/2) showed 8% spontaneous activation (normal <2%), normal nonspecific activation in the presence of phytohemagglutinin A (44%), and nonsignificant activation (<2%) in the presence of wheat flour, egg, and gliadin extracts (Allerbio Laboratory, France). The basophil activation test (TAB) by flow cytometry (2, 3) showed normal anti-IgE induced activation (44%) and nonsignificant activation (<2%) in the presence of wheat flour and egg. On the contrary, the LTC₄ release test was positive for the two food extracts, respectively, wheat flour and egg, and for the three concentrations tested (1/25, 1/125, and 1/625): 210, 168, and 45 pg/ml, and 316, 237, and 36 pg/ml, respectively (LTC₄ release is positive over 100 pg/ml) (3).