Fish anaphylaxis: case report and studies performed

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Introduction: Every year food allergies are most frequent in Allergy departments, being more typical to fruits, eggs, milk and fish. *Anisakis simplex* sensitization is very common at Mediterranean blue fishes, producing symptoms from digestive ones to anaphylaxis. Our aim is to show a patient with fish anaphylaxis, and the in vivo and in vitro studies we performed, and the obligation of performing a Food Provocation Test (FPT) with the culprit fish.

Patient and Method: A 35 years-old patient came to our clinic referring arms urticaria with facial angioedema and disnea without hypotension 15 minutes after eating smoked salmon, needing adrenaline treatment. Good tolerance before this episode. We performed skin prick test with the main aeroallergens and panallergens, typical fishes and anisakis, and we studied basal tryptase, total IgE and specific IgE, and ISAC® to evaluate a molecular diagnose.

Results: Skin prick test was negative to aeroallergens and fishes, and very positive to *Anisakis simplex*. Total IgE was 80 KU/L, being the basal tryptase 3,5. Specific IgE to *Anisakis* was 10,2, and negative to tuna and salmon, with a positive result using ISAC® to Ani s1 and Ani s3. With these results, we performed a FPT with frozen salmon, being negative during 2 hours of observation as an inpatient and during 48 hours at home.

Conclusions:
- We present a patient with moderate anaphylaxis after eating salmon, being the *Anisakis simplex* parasitation the main reason of it.
- A good clinical report and in vivo/in vitro studies are very important to demonstrate the etiology
- A FPT is a very good tool to improve our diagnosis and to avoid mistakes.