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Specific aspects of the pollen-related food allergy during ASIT

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Case Report: A male patient 27 years old applied to the clinic of allergology with complaints of stuffiness in nose, ocular itching, rhinorrhea, episodes of paroxysmal dry cough with wheezing in the chest, difficulty breathing out, chest tightness in the spring time (April and May).

From the medical history: symptoms of rhinitis and conjunctivitis developed in the age of 17 years and returned every year in the spring. Three years later the patient described itching in the mouth cavity after apples intake; ?? years later similar symptoms started to appear after pears, cherries, peaches intake, not only in the pollen season but all year round. Nuts intake began to provoke swelling of lips, feeling of a lump in the throat and a hoarseness of voice. At the age of 25, in spring, in the setting of rhinitis and conjunctivitis symptoms the marked episodes of difficulty breathing appeared; the patient sought medical advice from the allergologist; the diagnosis of bronchial asthma was established. The patient was given a treatment with bronchial spasmolitics, antihistamines, intranasal corticosteroids during the pollen season, with a positive result. An allergy testing was accomplished, that revealed sensitivities to tree pollen (birch, alder, hazel, and oak). ASIT was recommended.

In the first year of treatment the injections of repository tree pollen allergen (Fostal, Stalallengenes), was administrated, once a week. The preparatory course of therapy was sufficiently well tolerated; after a maintaining dose has been attained, the patient began to observe an infiltrate, hyperemia and pruritis at the injection site appearing on the third day after injection; all the symptoms were reversed within 24 hours without treatment. To the end of the second month of maintaining therapy the patient transgressed his elimination diet: he ate an apple, but without any symptoms appearing. However two days after that diet transgression a hard itching in the perianal region appeared. Starting from that point the patient began to observe a pruritis in the perianal region on the third day after each injection of allergen. Topic antihistamine creams were administrated and antihistamine tablets; that treatment gave a positive effect. Dermatological and proctologic evaluation did not reveal any abnormality, as well as examination for helminthic invasion. A detailed inquiry showed that the diet transgression did not provoke any abdominal pain or borborygmus or any altered defecation pattern. The patient has a regular daily stool, does not report any diarrhea or constipation symptoms. EGDS did not reveal any abnormality.

After the first year of the ASIT injections a positive trend in the course of disease was noted, with no need in bronchial spasmolitics and intranasal corticosteroids in pollen seasons, reduced need in antihistamines. However the patient reported itching in the perianal region in the pollen season, with the most marked symptoms on the 3rd day after the transgression of elimination diet.

For the second course of the ASIT a sublingual drug administration way were chosen, a sublingual birch pollen allergen (Storalor, Stallergenes). The preparatory period of ASIT is well tolerated without any adverse side events. During the period of maintaining therapy episodes were documented of swelling in the region of lips and tong, as well as hyperemia in the infrathyroid lobe, that cut off without treatment 15-30 minutes later. The patient occasionally transgressed his elimination diet and noted delayed (on the 3rd day) symptoms of perianal itching; however, with the sublingual ASIT they gradually improved.

Conclusion: Symptoms of perianal pruritis are considered to be an manifestations of the polyvalent pollen-related food allergy to raw fruits (apples an and others) that first appeared during the injection ASIT therapy in a patient suffering with the pollen allergy to birch pollen and then reduced during his second course of the ASIT with the sublingual birch allergen.