

Conclusions: The Specific serum IgG determination against foods could be a interesting tool to help the diagnosis of non type I Allergy reactions, and there are many published studies that have been established that the decrease or even disappearance of specific IgG titers against foods are related to the improvement of the initial clinical manifestations on some patients, but further investigations need to be performed to clearly understand the different mechanisms involved and to rule out false positive results for this test in patients without symptoms.

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IGE-mediated Responses Towards Fish Parasite Anisakis, Crab and House Dust Mite in Norwegian Shrimp Allergic Individuals

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Background: The present study investigated to what extent shrimp allergic individuals were IgE-sensitized to anisakis, crab and house dust mite and whether tropomyosin was responsible for IgE cross-reactivity.

Methods: 29 Individuals with self reported shrimp allergy were recruited by advertisements in local and national news-papers in Norway. Anamnesis was taken, skin prick tests (SPT) were performed and positive responders to shrimp were studied further with basophile activation test (BAT), ImmunoCAP analyses and western blotting.

Results: Of the 29 persons studied, 10 (34%) had positive SPT against shrimp and house dust mite, 9 (31%) against shrimp tropomyosin and 3 (10%) against anisakis. Individuals with positive SPT to shrimp all showed positive basophilic responses to house dust mite, while 43% responded to shrimp, 25% to anisakis and 36% to crab in BAT. Moreover, SPT, BAT as well as ImmunoCAP analyses showed a positive correlation of IgE-reactivity between anisakis and shrimp, house dust mite and crab. Immunoblot studies indicated that these responses are not completely explained by cross-reactivity towards tropomyosin.

Conclusions: The current study indicates a positive correlation between IgE-mediated reactions to shrimp, anisakis, house dust mite and crab, which may not be completely explained by cross-reactivity against tropomyosin.

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Lentil Allergy: First Report from Venezuela

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Background: Allergy to lentils is infrequent in Latin America: this a first case report from Venezuela. A 5 year old female preschooler attended our allergology clinic with chief complaint of generalized giant urticaria immediately after ingestion of cooked lentils; clinical history revealed frequent (>3) emergency visits, since the age of one year, with facial angioedema and generalized urticaria even from inhalation of vapors while cooking of lentils at home; moreover, also symptoms described occurred while eating foods containing chick peas; lentils, as other beans (black, red, chick), belong to the leguminosa family along with peanuts and coconut.

Methods: Prick lancetter skin tests (H-S) to a panel of 25 inhalant and food allergens (Diater Labs, Argentina) were performed along with Prick to Prick tests to raw and cooked lentils, chickpeas, black beans, navy beans and coconut. A papule >3 mm and read at 10 minutes was considered positive.

Results: All other allergens tested were negative, that is, epithelia, molds, cockroach, grasses, mosquito, milk, egg, wheat, fishmix, shrimp and other seafood, nuts, hazelnut, almond, coconut and blackbeans.

Conclusions: 1. Prick to Prick testing confirms specific IgE presence to Lentils; our patient could tolerate peanuts and cocunut. Positive prick test to

Papules	Size (mm)	Erythema (mm)
Mite (50/50)	3 mm	10 mm
Blomia	Negative	Negative
Chickpeas	5 mm	15 mm
Navy Beans	3 mm	5 mm
Lentils (raw/cooked)	10 mm	20 mm
Peanut	3 mm	5 mm

peanuts likely represent a cross reaction¹; 2. Lupin flour (*Lupinus Albus*), from the Leguminosa family, is found increasingly used in industrially prepared foods and could elicit symptoms due to cross reactions, and advice to family was given accordingly²; 3. This is the first case report from Venezuela.

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Cow's Milk Allergy and Persistent Changes in a Multiple Food Allergy, A Case Report

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Background: Cow's milk allergy (CMA) is the most common food allergy. Clinical manifestations are mediated immediate hypersensitivity and delayed. The allergy study include: specific IgE, prick and patch test. Regarding treatment, this is based on the exclusion diet and the replacement of cow's milk hydrolysates extensive. Virtually all infants who have cow's milk allergy develop this condition in the first year of life, with clinical tolerance developing in about 80 percent by their fifth birthday.

Methods: Describe the case of a child with CMA, which moves without tolerance and also become sensitized to other foods.

Results: Female with 6 years of age. At 9 months presents watery diarrhea, weight loss and intermittent rash. Initial study (2006): Upper endoscopy: Duodenitis chronic nonspecific, total IgE: 72.60 IU/mL, IgE specific to cow's milk 10.40 IU/mL (Class III) and prick test positive. Exclusion diet starts to cow's milk, its derivatives and beef. Patient improvement. At 2 years, begins with rhinitis and diarrhea reappears with low weight. Colonoscopy (2007): Subacute nonspecific colitis histology. At 3 years old facial angioedema, throat and rash are associated with eating chicken, turkey, carrot and orange juice. New tests: specific IgE cow's milk, 24.7 IU/mL (class IV), class II chicken. Prick test positive. At 4 years enter kindergarten, restarts with diarrhea and occasional angioedema. Cow's milk specific IgE (January 2009): 66, 6 IU/mL (class V). January 2010: 5 years post anaphylactic shock milk pudding. Besides diarrhea 10 times a day, intermittently throughout the year. Year 2011: intermittent diarrhea and specific IgE to cow's milk is kept in class V.

Conclusions: In this case the patient with CMA which evolved atypically because it has not been able to acquire tolerance. Moreover, awareness is added to other foods during their evolution. A recent study indicated a lower rate of development of clinical tolerance. As assessed by passing a milk challenge, 5 percent were tolerant at age 4 and 21 percent at age 8. Patients with persistent milk allergy have higher cow's milk sIgE levels in the first 2 years of life. Approximately 35 percent developed allergy to other foods.