INTRODUCTION

Some patients with seasonal allergic rhinitis and conjunctivitis develop itch and irritation of the tongue, mouth and throat after ingestion of some fresh fruits and vegetables, a condition known as Oral Allergy Syndrome (OAS) and food-pollen syndrome. Most patients are sensitized to cross-reactive allergens common to some pollens and foods. While generally a benign disorder, angioedema and sometimes anaphylaxis occurs. Cross-reactivity between food and pollen allergens may be also the explanation for some cases of anaphylaxis (1, 2).

RATIONALE

An increase in referrals for evaluation of systemic food allergy (FA) over the last 12 years led to an examination of whether this food allergy-related syndrome might also be increasing.

STUDY POPULATION

All patients aged 15 - 60 years referred 1996 - 2007.

METHODOLOGY

Diagnostic and demographic data were entered into Microsoft Access and analysed retrospectively. Prospectively collected data from pre-consultation questionnaires were also recorded. Questionnaires specifically asked about the presence or absence of OAS related symptoms.

RESULTS

4801 patients (61.6% female) were diagnosed with active AR and 1303 (70% female) with NAR.

Time Trends

* OAS was the primary reason for referral in < 5% of patients.
* Complaints of OAS in those with AR doubled from 10 to 23% (cf: 2.6 to 5% in those with NAR (data not shown).
* When patients with co-existent FA were removed from analysis, the trend for increased OAS over time disappeared (Figure 1).

Age and gender

* There was no age difference in those with OAS compared to those without (mean: 34 years).
* Most with OAS were female (72%).

Co-morbidity in AR patients

Whereas the proportion of AR patients with co-existent asthma & eczema did not change, there was a significant increase in patients with FA and anaphylaxis (Fig 2). The trigger for systemic FA was fruit/vegetables in only 20% of cases.

DISCUSSION

The increase in OAS disappeared when those with FA were removed from analysis (Figure 1). It remains uncertain whether the increase in OAS in AR patients was a true increase, or an artifact of increasing referrals for evaluation of FA which trebled over the same period in this age group.

REFERENCES


Figure 1: The proportion of patients (%) with allergic rhinitis and oral allergy syndrome (all patients and subpopulation without co-morbid food allergy)

Figure 2. Allergic rhinitis co-morbidity (%). Only OAS, FA & anaphylaxis increased over time.