

SUPPLEMENTARY MATERIAL

In addition to performing Prick to prick tests with bird food, budgerigar feathers, raw and boiled millet, skin prick test (SPT) to grass pollen, rice, and corn and immunoglobulin E (IgE) antibodies detected in ImmunoCAP® against grass rye, barley, rice, corn and hazelnut and budgerigar feathers all with positive results, we also searched for sensitization to tree nuts given that contamination of millet packages is feasible and proteins like LTP, storage proteins, PR-10, Profilin in order to establish possible sensitization patterns. SPT with a standardized battery of food allergens and inhalants was also performed with negative results to all its components excluding grass pollen and dust mites obtaining a positive result (>3mm papule).

In order to explore the origin of the cough, we carried out a basal spirometry, bronchodilatation and fractional exhaled nitric oxide with normal result, unspecific bronchial hyperresponsiveness was assessed with metacholine challenge obtaining a negative result, (the patient had not been exposed to the birds nor the bird-food in three months by the time it was carried out). This was followed by a specific inhalation challenge test with raw millet being tipped repeatedly during an accumulated time of 6 min, in a close circuit chamber, eliciting generalized erythema, pharyngeal and otic itching, cough, sensation of dyspnoea and dizziness without changes in spirometry. As can be observed by the symptomatology, inhalation of raw millet induced an allergic reaction, so the patient might be sensitized to raw millet proteins that were not detected in the blotting, possibly due to lack of epitope exposition as previously mentioned. The patient received treatment with intravenous dexchlorpheniramine and methylprednisolone with remission of the symptoms.

