
Food Allergy Due to Olive

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Palabras clave: Alergia a olivo. Aceituna. Aceite de oliva. Síndrome olivo-aceituna

Recently, Ünsel et al (Medical School of Bornova-Izmir, Turkey) reported in this Journal the case of a 28-year-old man with pollinosis due to olive. The patient complained of palatal itching (oral allergy syndrome) and generalized urticaria following ingestion of olive fruit, but denied having experienced any symptoms associated with other fruits, nuts, or legumes [1]. Prick test and nasal provocation with an olive pollen extract and a prick-to-prick test with fresh olive fruit were positive, and specific immunoglobulin (Ig) E to olive pollen and olive fruit were detectable. An open provocation with olive oil, however, was negative. With reference to the proposed new pollen–food (olive–olive) syndrome, the authors stated that only 1 report of an olive fruit allergy had been published in the literature [2]. Regrettably, the authors were not aware of the publication of Helbling et al (1998, in German) in which the authors presented a unique case of food allergy to olive fruit (*Olea europaea*) and olive oil [3]. A 25-year-old Swiss woman with pollinosis due to grass pollen (June and July) but no symptoms of oral allergy syndrome experienced several severe anaphylactic reactions after meals containing fresh olive fruit or prepared with olive oil (eg, salads, pizzas, meats). The patient was sensitized to grass, mugwort, and tree pollens (including ash), and prick-to-prick tests were strongly positive (+++) to fresh olive, extra virgin olive oil, and salad oil. Specific IgE determination revealed sensitization to olive and ash pollen (both trees belong to the same botanical family and their allergens are cross-reactive) and rBet v 2 (CAP class 3 each), but not to rBet v 1. Based on these findings and the patient's history (no allergic symptoms to other foods), these authors assumed that even though sensitization to olive fruit may have occurred by inhalation of an aeroallergen, causal cross-reactivity between ash or olive pollen and an olive fruit allergen was very unlikely. This conclusion seems reasonable, because respiratory allergy to olive pollen is very widespread in the Mediterranean area, and olives are a common food in this region [2]. Thus, this kind of food allergy, generally known as olive pollen and fruit syndrome, must have been much more prevalent than thought in Southern Europe, if

cross-reactive antibodies between olive pollen and olive fruit are causal. Ten years ago, a more precise diagnosis was not feasible, since recombinant allergens from olive pollen were not available. Ole e 7 would be of particular interest, since lipid transfer proteins have been associated with anaphylaxis after ingestion of foods [4].

References

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Reply

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Key words: Olive pollinosis. Olive allergy. Pollen-food syndrome.

Palabras clave: Polinosis por olivo. Alergia a olivo. Síndrome polen-alimentos.

During the preparation of this manuscript we used English key words in our search of the literature. As a result, we did not find the report written by Helbling et al and could not mention it in the Discussion.

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ERRATUM

Leukotriene B4 and 8-Isoprostane in Exhaled Breath Condensate of Children With Episodic and Persistent Asthma

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ERRATUM

Clinical Correlates and Determinants of Airway Inflammation in Pediatric Asthma

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In tables 2, 3, and 4 of the above article, some of the data were displaced. The tables presented below show the results as originally intended.

Table 2. Relationship Between FE_{NO} and Clinical Expression of Asthma in Patients With and Without Inhaled Corticosteroid Treatment

Current Manifestations (previous 4 weeks)	FE _{NO} , ppb								
	Without IC Treatment (n=82)				With IC Treatment (n=67)				
	%	Median	IQR	P	%	Median	IQR	P	
Symptoms									
Any symptom	Yes	73.8	48.0	24.5-65.0	.150 ^a	81.8	27.0	15.4-61.8	.265 ^a
	No	26.2	28.0	15.5-58.8		18.2	25.5	10.6-42.0	
Dyspnea	Yes	34.1	52.5	18.8-66.5	.425 ^a	34.3	37.5	12.0-72.0	.164 ^a
	No	65.9	35.0	20.4-61.4		65.7	24.0	15.6-44.1	
Wheeze	Yes	36.6	54.8	29.4-65.0	.039 ^a	35.8	22.5	14.3-62.0	.596 ^a
	No	63.4	33.0	17.3-59.6		64.2	27.5	15.5-51.0	
Cough	Yes	65.9	48.5	24.5-65.5	.049 ^a	74.6	27.0	15.9-61.8	.338
	No	34.1	26.3	13.6-56.6		25.4	27.5	10.8-45.0	
Chest tightness	Yes	11.6	44.5	19.6-59.8	.851 ^a	9.8	16.3	8.1-41.5	.175 ^a
	No	88.4	44.0	22.3-65.5		90.2	27.5	15.0-53.0	
Frequency of daytime symptoms									
Never		37.8	33.8	17.1-62.8		25.8	23.5	12.5-39.5	
	Sometimes	25.6	41.8	18.9-51.1		28.8	49.0	18.5-68.5	
	≤ 2/wk	17.1	57.0	31.5-83.0		28.8	26.5	14.5-61.0	
	≥ 3/wk	13.4	58.0	24.5-65.0		16.7	17.0	9.5-32.5	
Daily		6.1	32.5	24.5-91.8	.211 ^b	0.0			.606 ^b
Frequency of nighttime symptoms									
Never		75.0	44.0	19.6-66.5		62.1	27.5	15.0-56.3	
	< 1/wk	17.5	52.0	33.0-63.9		18.2	32.0	13.5-54.4	
	≥ 1/wk	7.5	26.8	16.0-38.1	.313 ^b	19.7	21.0	12.0-51.0	.159 ^b
Frequency of β₂-adrenergic agonists									
Never		46.3	32.5	17.5-61.0		36.4	25.5	13.8-40.9	
	Sometimes	26.3	51.5	28.8-88.8		18.2	43.5	21.0-64.0	
	1/wk	10.0	50.8	38.6-60.0		10.6	49.0	23.0-66.5	
≥ 2/wk	17.5	42.3	28.9-62.5		34.8	20.0	9.5-56.0		
Asthma crisis									
Yes	25.0	53.3	23.0-64.3	.397 ^a	34.3	21.0	12.0-56.0	.240 ^a	
No	75.0	35.5	19.6-59.9		65.7	32.0	16.1-51.4		
Physical examination									
Wheeze	Yes	11.0	51.5	22.0-73.3	.543 ^a	9.0	52.5	33.1-64.0	.113 ^a
	No	89.0	39.5	19.5-62.3	.430 ^b	81.0	24.5	14.3-50.3	.454 ^b
Asthma control (GINA classification)									
Controlled		42.7	44.0	23.0-75.0		19.4	27.5	13.8-39.5	
Partly controlled		37.8	33.0	18.0-58.0		53.7	25.0	15.3-50.6	
Uncontrolled		19.5	42.3	25.6-67.0		26.9	37.3	15.8-65.0	

Abbreviations: FE_{NO}, fractional exhaled nitric oxide concentration; GINA, Global Initiative on Asthma; IC, inhaled corticosteroid; IQR, interquartile range; ppb, parts per billion.
^a Mann-Whitney test.
^b Kruskal-Wallis test.

Table 3. Relationship Between FE_{NO} and Burden of Asthma in Patients With and Without Inhaled Corticosteroid Treatment

Current Manifestations (Previous 4 Weeks)	FE _{NO} , ppb								
	Without IC Treatment (n=82)				With IC Treatment (n=67)				
	%	Median	IQR	P	%	Median	IQR	P	
Limitation of daily activities									
Never		65.9	39.8	17.8-67.3		59.7	23.3	15.1-41.9	
	Sometimes	22.0	37.5	23.3-57.0		25.4	51.5	23.8-70.3	
	Frequently	12.2	54.5	19.8-62.5	.840 ^a	14.9	17.0	9.3-69.4	.050 ^a
Absenteeism, school									
Never		90.2	45.8	19.4-65.5		82.1	27.5	15.5-51.0	
	Sometimes	8.5	33.0	32.5-44.0	.502 ^a	14.9	21.5	14.1-69.0	.218 ^a
	Frequently	1.2	^c	^c		3.0	10.8	9.5 - ^c	
Absenteeism, work									
Never		95.1	44.0	20.4-64.2		93.9	27.0	15.4-49.9	
	Sometimes	3.7	33.0	18.5 - ^b		6.1	38.0	11.3-67.0	
	Frequently	1.2	^b	^b	.504 ^a	0.0	^b	^b	.946 ^a
Nonscheduled asthma visits									
Yes	7.3	61.3	30.9-91.5	.130 ^a	9.0	14.0	9.3-36.9	.119 ^a	
No	92.7	37.5	19.1-60.5		91.0	27.5	16.3-52.3		
Hospitalization									
Yes	0.0	^b	^b	^b	3.0	10.8	9.5 - ^b	.083 ^c	
No	100.0	41.8	19.9-62.5		97.0	27.5	15.8-52.3		

Abbreviations: FE_{NO}, fractional exhaled nitric oxide concentration; GINA, Global Initiative on Asthma; IC, inhaled corticosteroid; IQR, interquartile range; ppb, parts per billion.
^a Kruskal-Wallis test.
^b Insufficient number of patients in the stratum.
^c Mann-Whitney test.

Table 4. Relationship Between FE_{NO} and Lung Function in Patients With and Without Inhaled Corticosteroid Treatment

	FE _{NO} , ppb								
	Without IC Treatment (n = 82)				With IC Treatment (n = 67)				
	%	Median	IQR	P ^a	%	Median	IQR	P ^a	
Pre-BD lung function									
Low FEV ₁ (< 80%)	Yes	13.4	28.0	18.0-62.0	.337	9.1	28.5	19.5-64.0	.803
	No	86.6	44.0	20.5-64.0		90.9	27.5	14.6-51.4	
Low FEV ₁ /FVC (< 75%)	Yes	7.3	49.3	26.3-88.0	.413	12.1	64.0	42.1-74.0	.019
	No	92.7	41.8	19.6-60.5		87.9	24.0	14.4-46.4	
Low FEF ₂₅₋₇₅ (< 65%)	Yes	15.0	44.0	21.1-65.4	.808	20.0	56.0	23.8-70.8	.027
	No	85.0	41.8	19.6-63.5		80.0	25.0	14.1-47.9	
Post-BD lung function									
Positive BD test ^b	Yes	15.0	53.0	29.9-80.4	.236	16.9	44.5	20.0-64.0	.217
	No	85.0	37.5	19.6-58.4		83.1	25.5	13.9-49.9	
Low FEV ₁ (< 80%)	Yes	5.0	19.0	15.8-44.0	.160	7.7	26.5	16.0-50.8	.952
	No	95.0	44.0	21.1-63.5		92.3	27.5	14.6-51.4	
Low FEV ₁ /FVC (< 75%)	Yes	2.5	55.0	51.5 - ^c	.155	6.3	66.8	44.1-180.5	.020
	No	97.5	37.5	19.9-62.5		93.7	25.5	14.6-49.4	
Low FEF ₂₅₋₇₅ (< 65%)	Yes	2.6	55.0	51.5 - ^c	.450	12.7	46.8	11.0-68.1	.577
	No	97.4	37.5	19.6-63.5		87.3	27.5	16.0-49.5	

Abbreviations: BD, bronchodilator; FE_{NO}, fractional exhaled nitric oxide concentration; FEF₂₅₋₇₅, forced expiratory flow, midexpiratory phase; FEV₁, forced expiratory volume in 1 second; FVC, forced vital capacity; IC, inhaled corticosteroid; IQR, interquartile range; ppb, parts per billion.
^a Mann-Whitney test.
^b Change in FEV₁ ≥ 12% after BD.
^c Insufficient number of patients in the stratum.