A case of transient pork-cat syndrome in a child due to albumin sensitization

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Pork-cat syndrome is an unusual condition in which patients allergic to cat epithelium

develop allergic symptoms after the ingestion of pork-meat. Primary sensitization is presumed

to be caused by inhaled Fel d 2 (cat serum albumin), with the patient presenting predominantly

respiratory symptoms (mild-moderate rhinitis/asthma) [1], and subsequent reactions to pork

due to cross-reactivity between Fel d 2 and pork serum albumin (Sus s 1) [2]. Despite being

one of the most frequently named food allergy syndromes along with others, such as egg-bird

and latex-fruits syndrome, there are few cases described in the literature of patients with pork-

cat syndrome [3, 4]. Most of the cases described in the literature of this syndrome occur in

older adolescents or young adults [5]. So far, we have found no cases reported in toddlers [6].

We present the case of a 15-month-old infant who presented with perioral erythema

immediately after eating smoked pork loin, which resolved without the need for medication

within 1-2 hours. He tolerated well-cooked pork meat, and had no problems with meat from

other mammals, always well-cooked, or milk. The patient had no pets at home, but had

occasional contact with a cat, presenting mild rhinitis. We performed skin prick tests (SPT)

(ALK Allergologist Laboratorium A/S, Horsholm, Denmark) with different foods, as well as

possible related allergens, and prick by prick with smoked pork loin. Total IgE and specific

IgE (ImmunoCap®, Thermo Fisher Scientific, Massachusetts, United States) to the different

allergens were also measured. A raw smoked loin extract (L.E.) was prepared by

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homogenization in phosphate-buffered saline (15% wt/vol), dialyzation and lyophilization. Ten

ml of the cat serum (Nextmune S.L., Madrid, Spain) were concentrated in 30-KDa spin filter

devices to obtain an albumin-rich serum extract (ARSE). To know the primary sensitizing

allergen ELISA inhibition assays using LE and ARSE in the solid phase, and LE and ARSE at

1 μg/ml and 25 μg/ml as inhibitors, were performed as described in Gadermaier et al [7]. All

the results are shown in Table 1 and Table 1 online-only supplemental file. The patient was

diagnosed with pork-cat syndrome and a diet with avoidance of raw pork was recommended,

leaving the diet free for well-cooked pork. At 1-year follow-up he tolerated pork in all its forms,

including raw pork meat. SPT, total and specific IgE and ELISA inhibition were also repeated

(Table 1 and Table 1 online-only supplemental file). The tolerance of raw pork meat coincided

with the decrease in specific IgE sensitization to both serum albumins (SA), which was

confirmed the next year.

Pork-cat syndrome is one of the different types of red meat allergy [1]. Although

historically considered rare reactions, the consumption of red meat has increased in recent

decades, so that allergic reactions to red meat are becoming more frequent [2, 5]. There are

three main mechanisms described as responsible for allergic reactions to red meat: primary

beef allergy, causing rapid reactions due to Bos d 6 sensitization (bovine SA), many of them

presenting reactions with milk as well; α -Gal syndrome, presenting late IgE-mediated reactions

to galactose- α -1,3-galactose (α -Gal); and pork-cat syndrome due to cross reactions between

different SA [5]. Depending on the responsible allergen, the management of pork meat allergy

may vary.

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Serum albumin is a multifunctional protein with some of its functions related to its

structure and sequence stability [8]. However, it is a flexible protein, able to change its

conformation to bind ligands, serving as a carrier protein [8]. Pork SA is thermolabile and can

denature with cooking [8], in keeping with this reaction mostly occur with under cooked or raw

pork, and tolerance to well cooked pork is common [2, 6]. It is found in many animal products

of the human diet, as well as in animal dander [8]. The possibility of SA-mediated allergy

remission in many foods is widely known [9], so although the main recommendation for these

patients is avoidance diet [6, 10], it might be reasonable to think that this type of allergy could

also subside, as some authors have already suggested [9]. Nevertheless, to date, there are no

submission cases reported.

We present a case of pork-cat syndrome in a 15-month-old infant due to sensitization to

albumin with progressive remission of this sensitization and final tolerance to pork, as well as

resolution of symptoms on contact with cat. In contrast to the normal pattern in older children

or adults [1], the primary sensitization in this case appears to be the ingestion of smoked pork

loin. The skin tests against this animal were negative from the beginning, which means that

extracts containing allergens other than the major ones (to avoid under-diagnosis) are

essential to make an accurate diagnosis of the food allergy.

Doing so will lead to an improvement in providing better recommendations for

avoidance (e.g. raw meat intake) and future management.

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Conflicts of interest

The authors have no conflict of interest to declare.

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Table 1. Skin tests results, analytical determinations and symptomatology over the years.

	First visit	Year 1	Year 2
Symptoms			
Raw pork meat	OAS	None	None
Cooked pork meat	None	None	None
Cat	MR	None	None
Skin prick test (mm)			
Pork meat	6	0	0
Cat dander	0	0	0
Prick by prick raw pork meat	NP	0	NP
IgE (KU/L)			
Total IgE	81	57	122
sIgE pork meat	6.20	1.33	1.07
sIgE Sus s 1	7.55	1.83	1.34
sIgE cat	0.22	NP	NP
sIgE Fel d 1/Fel d 2	0/3.62	NP / 0.46	NP / 0.40
ELISA inhibition (%)			
- LE (1 / 25 μg/ml)			
 Coated LE 	60 / 85	69 / 91	NP
 Coated ARSE 	57 / 79	66 / 86	NP
- ARSE (1 / 25 μg/ml)			
 Coated LE 	27 / 35	30 / 37	NP
 Coated ARSE 	65 / 80	72 / 95	NP

ARSE: albumin rich serum extract, LE: loin extract, MR: mild rhinitis, NP: not performed, OAS: oral allergic syndrome, sIgE: specific IgE.

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