

Oral Allergy Syndrome

FS-D01



Oral allergy syndrome is an allergic reaction to certain proteins in fruit, vegetables and nuts. This condition is called “oral allergy syndrome” because it usually affects the mouth and throat. It is associated with pollen affecting people with allergies to trees, grass and ragweed. These reactions can occur at any time of year, but are often worse during the pollen season.

People who are allergic to the raw food can eat it cooked, canned, microwaved, processed or baked. These processes cause the proteins to break down. The main exceptions to this are celery and nuts, which may cause reactions even after being cooked.

SYMPTOMS

Symptoms while eating raw food may include:

- Itching or tingling of the lips, mouth and throat
- Itchy, watery eyes
- Runny nose
- Sneezing

Symptoms when handling raw food may include:

- Rash
- Itching or swelling where juices from the food touch the skin
- Itchy, watery eyes
- Sneezing
- Runny nose

POLLENS & THEIR ASSOCIATED FOODS

The following is a list of pollens and the foods that are most commonly associated with cross reaction:

Birch Pollen

- **Fruits:** apple, apricot, cherry, kiwi, nectarine, peach, pear, plum, prune
- **Vegetables:** beans, carrot, celery, green pepper, lentils, parsnips, peanut, peas, potato, tomato
- **Herbs/Spices:** anise, caraway, coriander, cumin, dill, fennel, parsley
- **Nuts:** almond, hazelnut, walnut
- **Seeds:** sunflower

Grass Pollen

- **Fruits:** kiwi, melon, orange, tomato, watermelon

Ragweed Pollen

- **Fruits:** banana, cantaloupe, honeydew, watermelon
- **Vegetables:** cucumber, zucchini

TIPS FOR MANAGING ORAL ALLERGY SYNDROME

- Oral Allergy Syndrome is caused by the raw fruit or vegetable. Therefore, once cooked or processed, they can usually be eaten.
- There is no need to avoid all the foods associated with a particular pollen allergy; just the particular ones that have caused allergic reactions.
- If an allergic reaction occurs to one of these foods, stop eating it immediately. Severe reactions may occur if you keep eating that food. Allergic reactions may be treated with antihistamines.
- For mild Oral Allergy Syndrome, try peeling the fruit.
- Nuts may cause allergic reactions, whether raw or cooked. Therefore, if they cause a reaction, they should be totally avoided.
- Allergy shots for pollen may sometimes help associated Oral Allergy Syndrome.

FS-D02



Latex is a natural rubber made from the sap of a rubber tree. When someone is allergic to latex, that person is actually allergic to one or more proteins (allergens) found in the sap from that tree.

Raw latex is mixed with a variety of different chemicals that allow the latex to polymerize, or form, into long chains that can then be manipulated to form solid objects. Some of these chemicals can also cause allergic reactions that present as mild to severe itching, red bumps or rashes, which only form where the material touches the skin.

Since the amount of exposure to latex is a key factor in developing a latex allergy, healthcare workers and patients who undergo multiple surgeries are at risk. The major exposure of concern is to powdered latex gloves, because latex sticks to the powder and becomes airborne when these gloves are put on, taken off or snapped. When latex allergens become airborne, they can be inhaled or come into contact with your nose or eyes and cause symptoms.

Solid objects containing latex, such as rubber bands, blood pressure tubing, bicycle tires, and the like, do not emit latex particles.

SYMPTOMS

Symptoms can include any of the following:

- Hives or welts
- Swelling of affected area
- Runny nose, sneezing
- Red, itchy/watery eyes
- Sore throat, hoarse voice
- Chest tightness, wheezing, or shortness of breath

Any combination of any number of these symptoms can indicate a severe reaction called anaphylaxis which is life-threatening and requires immediate medical attention.

There is no treatment available to cure natural rubber latex allergy. The best ‘treatment’ is to avoid exposure to latex. Medications are available to temporarily alleviate symptoms.

TIPS FOR REDUCING EXPOSURE

- check labeling on products, ‘Hypoallergenic’ does not necessarily mean ‘no latex’
- wear a med-alert bracelet or necklace
- carry an injectable epinephrine pen in case of an anaphylactic reaction

Healthcare Workers:

- wear alternative products such as nitrile examining gloves instead of latex
- ask coworkers to wear nitrile gloves, or at least a non-powdered latex glove
- If this is not possible, seek reassignment to an area where powdered latex gloves are not used

Non-healthcare Worker:

- communicate allergic conditions to medical staff when undergoing a checkup or medical procedure, especially important in the case of surgery
- bring non-latex gloves to any medical appointment in case caregiver doesn't have any

It is nearly impossible to list every natural rubber latex-containing consumer product. The level of allergen of a latex product can be reduced by thoroughly washing the product with soap and water. Soak the product for several minutes in large amounts of water. It is not sufficient cleaning to just wipe the surface with a damp cloth. Wash all clothing that may contain latex before use.

NATURAL RUBBER LATEX PRODUCTS	SUBSTITUTES
For Babies: Pacifiers, feeding nipples	Silicone products.
For School and Office: Erasers, craft supplies, make-up and Halloween masks, adhesives	Look for products labelled 'vinyl' or 'silicone'.
Clothing: Elastic fabric, diapers, underwear	Many elastic fabrics are not rubber — for instance Spandex or Lycra — but elastic webbing often contains rubber.
Housework: Cleaning gloves	Gloves are in direct contact with skin and are therefore a major source of exposure. Use nitrile, neoprene, vinyl or copolymer gloves.
Toy and Sporting Goods: Balloons, Koosh balls, rubber ducks, soccer balls, volleyballs, coated or taped racquet handles	Mylar (foil type) balloons, leather balls.
Furnishings: Rubber mats, carpet backing, foam rubber	Most foam rubber is polyurethane foam and will not cause problems.
Medical Products: Condoms, female condoms, diaphragms Medical gloves, dental dams First aid tape, bandages	Synthetic rubber or natural membrane condoms* (below). Gloves are in direct contact with skin and are therefore a major source of exposure. Use nitrile, neoprene, vinyl or copolymer gloves. Some brands do not contain natural rubber latex.

* Natural membrane condoms may provide protection against pregnancy and many common sexually transmitted diseases (STD's). They may not provide as much protections against certain viral STD's, including AIDS and hepatitis, as latex condoms.

CSACI Position Statement on the Testing of Food-Specific IgG, April 2012

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The Canadian Society of Allergy and Clinical Immunology (CSACI) is very concerned about the increased marketing of food-specific immunoglobulin G (IgG) testing towards the general public over the past few years, supposedly as a simple means by which to identify “food sensitivity”, food intolerance or food allergies. In the past, this unvalidated form of testing was usually offered by alternative or complementary health providers, but has now become more widely available with direct-to-consumer marketing through a nationwide chain of pharmacies.

There is no body of research which supports the use of this test to diagnose adverse reactions to food or to predict future adverse reactions. The literature currently suggests that the presence of specific IgG to food is a marker of exposure and tolerance to food, as seen in those participating in oral immunotherapy studies. Hence, positive test results for food-specific IgG are to be expected in normal, healthy adults and children. Furthermore, the inappropriate use of this test only increases the likelihood of false diagnoses being made, resulting in unnecessary dietary restrictions and decreased quality of life. The immediate

expense of the test to individuals (see below for details on cost) will be compounded by the costs incurred by an already-overburdened health care system. Confused by the information provided by IgG testing, individuals are likely to request additional specialist referrals and investigations which would otherwise not be necessary.

Additionally, and perhaps of greater potential concern, a person with a true immunoglobulin E (IgE)-mediated food allergy, who is at significant risk for life-threatening anaphylaxis, may very well not have elevated levels of specific IgG to their particular allergen, and may be inappropriately advised to reintroduce this potentially deadly item into their diet.

As a result of these serious and growing concerns, the CSACI has elected to issue a formal statement supporting the opinions expressed by the American Academy of Allergy Asthma and Immunology (AAAAI)¹, and by the European Academy of Allergy and Clinical Immunology (EAACI)². Both of these organizations warn about the inappropriate measurement of food-specific IgG or IgG4 to suggest the presence or potential of adverse reactions to food. Recent guidelines

emphasize that such testing plays no role in the diagnosis of food allergy or intolerance.³ A recent Canadian publication also elaborates similar concerns from the perspective of community allergy practice.⁴

In addition to content of all of the above documents, the CSACI is very concerned about the following issues:

1. The testing process is widely available in Canada, through a variety of complementary health providers, paramedical clinics, and some physicians.
2. A testing kit product is being sold directly to customers, in pharmacies.
3. Marketing strategies for the testing have included the placing of promotional materials in the waiting rooms of physicians without their knowledge or consent.
4. The price of the testing is often in the \$400–\$700 range, and some third-party payers offer reimbursement despite a clear lack of supporting evidence.
5. The test is also being marketed to concerned parents, and may lead to exclusion diets which carry risks of poor growth and malnutrition for their children: for example, the elimination of dairy products, wheat, eggs, and/or other foods found in healthy balanced diets.

In summary,

The CSACI does not support the decision of licensed physicians and our pharmacist colleagues to offer such testing, given the overwhelming consensus against the validity of such tests.

The CSACI strongly discourages the practice of food-specific IgG testing for the purposes of identifying or predicting adverse reactions to food. We also wish to remind the medical community that blood testing of any kind cannot substitute for consultation with a trained and accredited medical professional such as an Allergist/Immunologist for the diagnosis and management of adverse reactions to food.

References:

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3. Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the diagnosis and management of food allergy in the United States: summary of the NIAID-sponsored expert panel report. *J Allergy Clin Immunol*. 2010; 126: 1105–18.
4. Lavine E. Blood testing for food sensitivity, allergy, and Intolerance. *CMAJ*. 2012 Mar 19 (epub)