Conclusion: Our data suggest that children contacting with small quantities of CMP or exclusively breastfed (Group B and A, respectively) might have a higher risk of CMA when compared with children exposed to high quantities of CMP (Group C). It will be important to increase the sample size in order to confirm these results.

1261 Anaphylaxis caused by ingestion of persimmon (Diospyros kaki)
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Background: Diospyros kaki, originally cultivated in China and Japan, was introduced in Europe in the mid of 19th century. Allergy to this fruit is extremely rare and to date there are only six published cases with documented IgE-mediated reactions.

Clinical case: We describe a case of a 24-year-old woman who suffered of hay fever, without any previous food allergy. Persimmon fruit was frequently a part of her diet. In October of 2007 the patient experienced lip pruritus and oedema immediately after eating raw persimmon. Some minutes later she felt dizzy, vomited and started abdominal pain. The symptoms responded promptly to endovenous corticosteroid and anti-H1. The patient suffered a similar episode 1 month later also immediately after ingestion of raw persimmon. Since then she eliminated this fruit from her diet. Skin prick tests were positive for Dermato-phagoides and Grass pollen. Skin prick-to-prick tests performed with raw persimmon pulp and peel were both positive (12 and 9 mm, respectively). Serum specific IgE for Diospyros kaki was 0.7 kU/l and for Lolium perenne 6.7 kU/l. SDS PAGE immunoblotting revealed binding bands with the following molecular weights: 1) incubation with extract of Lolium perenne pollen without 2-mercaptoethanol – 97, 60, 32 and 28 kDa; with 2-mercaptoethanol – 68, 32, 30 kDa 2) incubation with extract from Diospyros kaki without 2-mercaptoethanol – no IgE bands to mention; with 2-mercaptoethanol 40 kDa and 28–30 kDa (a very faint band). Study performed with Immuno Solid-phase Allergen Chip (ISAC®) identified the presence of specific IgE for rDer f 1, rLoL p 1 e rPh1 p.0102 and was negative for other allergens, rBet v 2 included.

Discussion: This is the report of a case of anaphylaxis to ingestion of persimmon fruit. In five of six previously reported cases of allergy to Diospyros kaki there was sensitisation to birch pollen and in four to grass pollen. In our patient there was no evidence of sensitization to birch pollen allergens. The immunoblotting study of serum of our patient incubated with Diospyros kaki extract in reducing condition permitted to identify a protein with molecular weight of 40 kDa. There was no similar protein when serum was incubated with Lolium perenne extract. To our knowledge, this protein was not previously documented in persimmon fruit allergic patients.

1262 Evolution of the prevalence of Anisakis simplex allergy after twelve years
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Background: Anisakis simplex allergy was first considered a common cause of urticaria and anaphylaxis in 1995. In recent years a series of measures have been taken to detect and prevent these clinical symptoms, following the European Regulations. This study covers the evolution of the prevalence of Anisakis simplex sensitization in our allergy clinic over the last 12 years.

Methods: In 1996, we collected data from 87 patients, who were referred for the first time to the allergy consultation by different pathologies of allergy, and in 2008 we collected data from another 86 patients. In addition to a complete medical history that included the consumption habits of fish, they were subjected to a prick test with Anisakis simplex, and the total IgE and specific IgE were determined.

Results: In 1996, 95% of patients consumed fish on a regular basis, compared to 97.7% in 2008. Currently, 39.5% of patients consume only frozen fish, which did not happen in 1996. The prevalence of clinical allergy found in the 2008 study was 16.28% and the subclinical sensitization 33.72%, compared to 5.7% and 23% respectively 12 years ago. In 1996 the average total IgE measured 169 kU/l (SD: 309), compared to 218.22 kU/l (SD: 327.57) in 2008. Specific IgE was positive in 19 (21.8%) patients in 1996, and in 37 (43%) patients in 2008, averaging 11.2 kU/l (SD: 22.8) and 12.15 kU/l (SD: 21.90) respectively.

Conclusions: This study indicates that there has been an increased prevalence of clinical and subclinical sensitization to Anisakis simplex in comparison from 1996 data, despite the introduction of frozen seafood in the diet.
The authors describe a case report of a 15-year-old female presented with a food allergy to multiple families. The patient had a history of transient allergy to egg and cow’s milk protein and intermittent rhinitis in childhood. There were no asthma related symptoms. She reported, since the age of 11 years, several episodes of oropharyngeal pruritus, facial angioedema and generalized urticaria, associated at first with ingestion of peach, pineapple, cherry and grenadine and, over the following 2 years, related to many other common fresh fruits. At the age of 13, she also complained of abdominal colic immediately after apple and pear ingestion. The patient experienced oral allergy syndrome with walnut, almond and Brazil nut and, later on, facial angioedema upon accidental exposure to tree nuts. She ingested leguminosae regularly without symptoms and had no latex-related episodes. In the study performed, sensitization to airborne allergens was identified: artemisia, quenopodium, plantago and salsola. Skin prick tests (SPT) with standardized commercial extracts were positive to: apple, pear, strawberry, peach, apricot, papaya, mango, kiwi, Brazil nut, walnut, hazelnut, peanut, lentil, sesame, bean, chickpea and lupine. SPT was negative to latex. Skin prick-patch tests were positive to cranberry and kiwi. Serum specific IgE (kU/l) (Phadia®) measured: apple-15.6; pear-11.0; cherry-8.7; peach-15.5; plum-3.5; orange-6.8; passion-fruit-1.7; kiwi-0.22; pineapple-1.12. As the patient had never eaten kiwi before, although sensitized, an open oral challenge was performed, which was negative. She was recommended to ingest 1 kiwi per day and a vitamin supplement, as well as to avoid all other fresh fruits and tree nuts. After 9 months, the patient began to experience abdominal colic immediately after ingesting kiwi, but maintains the daily intake and has no other symptoms. This case shows the possible progressive nature of food allergy and supports the role of oral provocation challenge when advising for dietary restrictions.