activity to newly acquired allergens following antihelminthic treatment in migrants from Ethiopia. Together with new environmental factors, which are able to enhance sensitisation, like a polluted atmosphere, this could be the cause for the appearance of new respiratory symptoms in a subgroup of our migrant patients. A previous report proposed a differential atopy evaluation when dealing with the relationship between atopy and parasites. Thus, arthropod-parasite related sensitisation, which includes HDM sensitivity, in our migrant population could have a different clinical outcome compared to pollen or other aeroallergen sensitisation, as is shown by our results.

This reasoning is not contrary to the possible implication of genetic factors. Evidence supports an increased susceptibility to allergy and asthma among populations with tropical ancestry. The differences in asthma prevalences due to ethnicity could thus be due to a common genetic factor that predisposes to both allergy and resistance to infection.

Summarizing, the high prevalence of HDM sensitisation of our migrant patients could be due to previous subclinical sensitisation in their tropical and subtropical countries with more favourable conditions for the presence of different mite species, but other factors have to be taken into account, such as genetic factors, the elevated burden of microbial burden or the higher prevalence of geohelminths, which in turn could be responsible for possible cross-reactive sensitisation against HDM.

References


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Ambroxol-induced systemic contact dermatitis confirmed by positive patch test

To the Editor:

Ambroxol hydrochloride (trans-4-(2-amino-3,5-dibromobenzylamino) cyclohexanol hydrochloride) is a bromexine metabolite (Fig. 1). Both ambroxol and bromexine are well known mucolytics and ambroxol has also been used in clini-
ambroxol, presented as a maculopapular rash and confirmed by patch testing. Delayed reactions to ambroxol such as non-pigmented fixed erythema have also been reported when administered by aerosol, but as far as we know, this is the first case of systemic generalised dermatitis caused when taken orally. Exantheme induced by bromexine has been reported and despite the chemical structures being very similar, the absence of cross-reactivity between them has been demonstrated in one case. More studies should be reported to ascertain it definitely. We did not perform an oral challenge with bromexine because of the possibility of inducing a severe reaction, and because it was not an essential drug for the patient.

**References**


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**Severe allergy to poultry meat without sensitisation to egg proteins with concomitant Leguminosae allergy. Case report**

**To the Editor:**

The number of known animal food allergens is limited. Although chicken meat is quite a common part of European diet and hen’s egg is one of the most frequent allergens in children, severe poultry meat allergy without sensitisation to egg proteins is extremely rare. Allergy to turkey and duck meat is even more rarely reported and the implicated allergens are poorly characterised. In the bird-egg syndrome, sensitisation to chicken feather allergen occurs by the respiratory route and afterwards allergy symptoms appear due to bird meat consumption. The implicated allergen is thought to be alpha-livetin. We report a clinical case of severe chicken and turkey meat allergy without sensitisation to egg proteins. There was also coexisting Leguminosae allergy.

The particular interest of this case is the need for liver transplantation and use of immunosuppressive therapy in the patient with familial amyloid neuropathy.