Pseudoallergen-free Diet in the Treatment of Chronic Urticaria

Sir,

In addition to the article by Zuberbier et al. on pseudoallergen-free diet in the treatment of chronic urticaria (1), we want to report our own experience. Since 1979 we have studied patients suffering from chronic urticaria for the relevance of pseudoallergic intolerance due to food additives and aspirin by oral provocation tests, and in case of positivity we treated them with pseudoallergen-free diet and followed them up for 6 months. In 1982 we published our first results (2). Thirty-nine out of 100 patients exhibited intolerance phenomena to one or more substances. They had avoided drugs strictly and were on additive-free diet during the oral provocation. Twenty-three per cent of patients reacted with intolerance to aspirin, 15% to tarrazine, 13% to patent blue and indigotin, 10% to choline yellow and yellow orange, 8% to sodium benzoate and 8% to potassium sorbate. Forty-four per cent of the previously positively reacting patients, having been on an additive-free diet and avoiding aspirin, did not reveal any urticaria in a 6-month follow-up. There was a statistically significant difference between these patients and those without intolerance phenomena and without an appropriate diet, only 24% of whom cleared spontaneously after 6 months.

Since 1982 we have applied this diagnostic and therapeutic regimen continuously. Details are given in Table I. We completed the food dyes (e.g. erythrosin E 127) and added sodium metabisulfit and propylgallate and butylhydroxyanisol to our test battery and interposed placebo gelatin capsules on two or three occasions of testing. Again, several patients reacted to more than one test substance. On the other hand, we may have obtained falsely negative tests due to the dose-dependency of the additives or even the great number of additives (2,000–20,000 estimated) (3), which cannot be tested in detail. In addition, the combined or synergistic effect of additive may be required or several pseudoallergens are still undetected. This may explain the different results reported by several authors (4–6).

For the last 14 years we have put altogether 412 patients on pseudoallergen-free diet, and symptoms ceased or were greatly reduced within 2 to 4 weeks in 73% of them. In 52% of patients this effect lasted while they were on the diet. Even patients in whom we could not find any cause or hint for eliciting factors of the urticaria we applied this diet, and 28% of them benefited from this regimen. IgE-mediated allergy had been excluded by a specific RAST test and prick tests as well. Also chronic infections, e.g. by Helicobacter pylori and Candida albicans had been looked for (1, 7) and treated adequately.

However, the same patients admitted that they had not always followed our recommendations strictly, e.g. when taking part in social events or parties. It is well known that the concentration of salicylates changes in plants, fruits or vegetables according to their growth conditions (8). On the other hand, it seems clear that such a strict diet requires reliable compliance by the patient. As shown by our controls, without intolerance, without diet and without an evident alternate cause of the urticaria the self-limiting effect in chronic urticaria is about 24%.

Finally, we want to emphasize that food dyes are also incorporated in the cover of dragées, even in antihistaminics. The declaration of food for additives and preservatives would be very helpful for the patients, the more so as the composition changes in dependency on the dye required.

By all means, even when pseudoallergic intolerance or other eliciting factors for chronic urticaria cannot be identified, the use of a pseudoallergen-free diet for about 4 weeks is recommended as a diagnosis ex iuvantibus.

REFERENCES
2. Kirchhof B, Haustein UF, Ryttler M. Azetyhalzzyläure-Additiva-

<table>
<thead>
<tr>
<th>Patients</th>
<th>Number</th>
<th>Free of skin lesions</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
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<tr>
<td>Patients with positive oral provocation, on the diet</td>
<td>98</td>
<td>43</td>
<td>44%</td>
<td>29</td>
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<tr>
<td>Patients with positive oral provocation, without diet</td>
<td>143</td>
<td>34</td>
<td>24%</td>
<td>47</td>
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Response to the Letter by U.-F. Haustein

Sir,

We very much appreciate the extensive and the long-term follow-up data presented by the Leipzig group on chronic urticaria, since they confirm our recent observations that a stringent diet helps to resolve or improve chronic urticaria in the majority of patients (1). We also totally agree with the comments pointing out to the frustratingly low reactivity observed with the currently practiced diagnostic oral provocation tests. The percentage of positive provocations, as observed in the Leipzig clinic, would be lower and more close to our data if the reactivity to aspirin had not been taken into consideration. Aspirin reactions are known to occur more frequently in patients with chronic urticaria and delayed pressure urticaria, as holds for patients with rhinitis and bronchial asthma (Samter syndrome), although aspirin is not the eliciting cause of these diseases (2). Apart from this, we agree with the Leipzig group that the pseudoallergy problem is highly complex, particularly since the mechanisms are not understood.

Contrary to the opinion voiced in the above letter, we believe that the high number of negative test results on provocation with the number of known pseudoallergens in capsules in patients benefiting from diet is not due to insufficient dosage or synergistic effects but rather to reactions to natural, as yet unsuspected ingredients in foods like tomatoes. Thus, we have preliminary data showing that extracts of tomatoes or wine which contain no or only low amounts of the commonly accused salicylate or sulfite cause pseudoallergic reactions in chronic urticaria patients, producing very reliably the clinical symptomatology (3). Obviously, the search for eliciting factors of chronic urticaria other than the well-known food preservatives and colorants will have to go on to explain the marked discrepancy between the low rate of provocation tests and the high number of patients with clinical improvement on diet, as observed in Leipzig as well as in Berlin (1).

REFERENCES


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