Oral allergy syndrome, also known as pollen-food syndrome, happens when a person has a reaction to a type of pollen, and foods related to that type of pollen. The immune system recognizes the pollen’s protein in a food, and then directs an allergic response to it. People with oral allergy syndrome can usually eat the same fruits or vegetable cooked. This is because the proteins are changed when they’re heated. So, the immune system no longer recognizes the food.

Oral allergy syndrome more often starts in older children, teens and young adults than in young children. Those with oral allergy syndrome are also often allergic to birch, ragweed or grass.

triggers
Not everyone with a pollen allergy has oral allergy syndrome. But, the below foods are often linked with these allergens:

- Birch pollen: apple, almond, carrot, celery, cherry, hazelnut, kiwi, peach, pear, plum
- Grass pollen: celery, melons, oranges, peaches, tomatoes
- Ragweed pollen: banana, cucumber, melons, sunflower seeds, zucchini

symptoms
Symptoms of oral allergy syndrome include:

- Itchy mouth
- Scratchy throat
- Swelling of lips, mouth, tongue and throat
- Itchy ears (sometimes)

Symptoms usually happen in one area of the body. They don’t often go beyond the mouth. Usually symptoms go away quickly once the fruit or vegetable is swallowed or spit out. So, treatment is not usually necessary.

(continued)
diagnosis
Oral allergy syndrome is usually diagnosed after:

• Learning a patient’s medical history
• Conducting skin prick tests
• Food challenges with raw fruit or vegetables

If your child has a reaction beyond their mouth area after eating a fresh fruit or raw vegetable, that food may be a risk for anaphylaxis. Anaphylaxis is a serious reaction that happens quickly and may cause death. One study found that oral allergy syndrome symptoms may progress to a full allergic reaction in 9% of patients, and to anaphylactic shock in 1.7% of patients. Talk to your provider to decide whether or not you should carry an epinephrine auto-injector (EpiPen®) to treat a severe reaction.

Information adapted from American College of Allergy, Asthma and Immunology (ACAAI). This handout is for general information only and should not be considered complete. For more specific information, please ask your child’s health care provider.

© Copyright Dayton Children’s Hospital. This material is for educational purposes only. It cannot be reproduced or distributed without permission from Dayton Children’s.