

‘To bee or not to bee – mastocytosis is the question’

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Background

Duration of venom immunotherapy (VIT) in patients with mastocytosis has been discussed.

Objective and methods

We present a case of honeybee venom anaphylaxis after completion of a 5-year course of VIT in a patient subsequently diagnosed with systemic mastocytosis.

Case report

A 53-year old male bee keeper underwent immunotherapy with ALK Alutard honeybee extract during 2004-2009 after suffering severe IgE-mediated anaphylaxis from a bee sting. The VIT course was well tolerated, and the patient was otherwise healthy. In 2017 the patient had an uneventful bee sting.

In 2018 the patient was re-stung by 3 bees and developed a severe anaphylactic reaction with hypotension and loss of consciousness and tryptase elevation to 44 ng/mL.

Workup showed an IgE-sensitization to honeybee (34.3 kU/l), Api m 10 (21.2 kU/l) and Api m 1 (5.6 kU/l).

Baseline s-tryptase was normal (6.8 ng/ml).

KIT D816V mutation analysis in peripheral blood was positive (0.002%) as a sign of underlying systemic mastocytosis. Skin examination was normal, and no other symptoms were present.

Conclusions

Mastocytosis should be considered in all patients with venom anaphylaxis and thoroughly investigated. Baseline s-tryptase is often normal in systemic mastocytosis, and other symptoms including skin involvement (urticaria pigmentosa) may be absent. Here, sensitive *KIT* D816V mutation analysis in peripheral blood represents a strong diagnostic screening tool. Recurrence of anaphylaxis after stopping venom immunotherapy is known to occur. The prevalence of underlying mastocytosis in these patients may be high, and a potential overlooked cause. Though further studies are needed to elucidate underlying immunological mechanisms, at present lifelong VIT should be considered in patients with mastocytosis.