

Food Allergy

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MedNet21



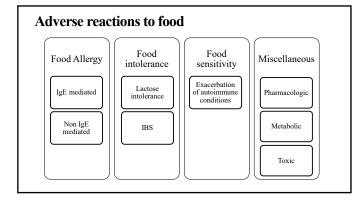
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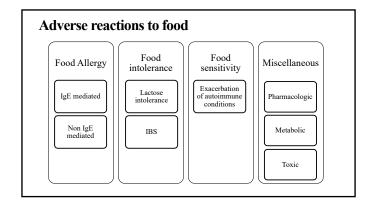
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Objectives

- Discuss the presentation and treatment of IgE mediated food allergy
- Review the exceptions to the typical presentation
- Discuss the relationship between atopic dermatitis and IgE mediated food allergy
- Discuss the presentation and treatment of non-IgE mediated food allergy







Food intolerance

Related to difficulty digesting certain foods

• Some studies have found improvement in IBS symptoms with gluten or dairy avoidance

Lactose Intolerance

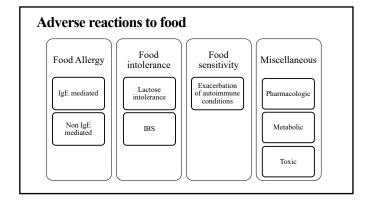
- Lactase non persistence (rare in children < 5)
- Transient lactose malabsorption
- Developmental lactase deficiency

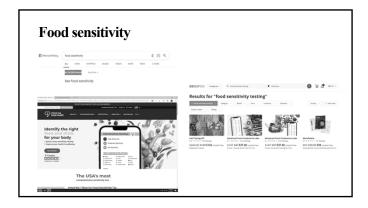
Other problems with milk...

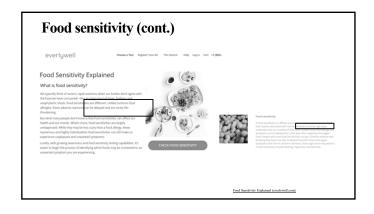
Milk proctocolitis

GERD

Constipation







Food sensitivity (cont.)

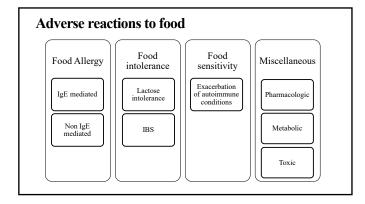
- "...Food-specific IgG4 [indicates] a physiological response of the immune system after exposition to food components.... Therefore, testing of IgG4 to foods is considered as irrelevant"
- European Academy of Allergy and Clinical Immunology (EAACI);

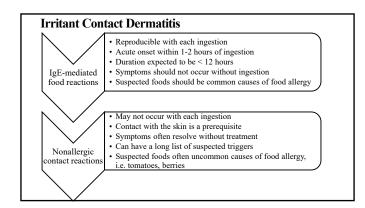
 AAAAI

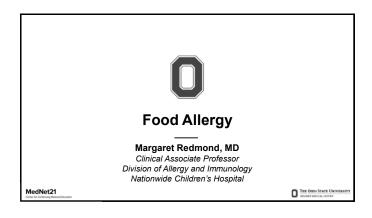
"the presence of specific IgG to food is a marker of exposure and tolerance to food... expected in normal, healthy adults and children"

- Canadian Society of Allergy and Clinical Immunology (CSACI)

Stapel SO Allergy 2008; 63:793 Bock SA J Allergy Clin Immunol 2010; 125:1410. Carr SAllergy Asthma Clin Immunol 2012; 8:12









4 year old with new food allergy concern

One week ago, he took a bite of a candy bar that had peanuts and spit it out telling his mother that his mouth was 'spicy'

Ate peanut at 6 months of age without any reaction



Food Allergy?



Histaminergic

Rapid

Reproducible

Predictable



Is the story consistent?

What testing is appropriate for this child?

What anticipatory guidance is appropriate for this child?

Should this child be prescribed an epinephrine auto-injector?



Specific IgE Testing

Serum Specific IgE

Skin prick testing

Positive testing \neq Allergy

No panels



Downsides to testing?

High false positive rate

Impact on nutrition

Family anxiety

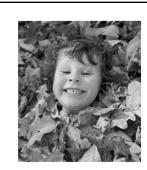
Oral food challenges (OFC) Wait 1-2 hours Definitive answer regarding allergy status Positive and Negative OFC lead to improvement in QoL











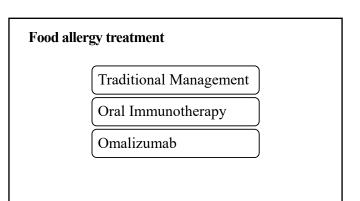
Thoughts about the history?

Is it anaphylaxis?









Food allergy treatment

Traditional Management

Oral Immunotherapy

Omalizumab

Confirm Diagnosis Allergen avoidance Epinephrine and emergency action plans Epinephrine and psychosocial implications Manage the psychosocial implications Monitor for resolution

Food allergy treatment

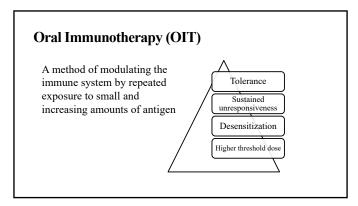
Traditional Management

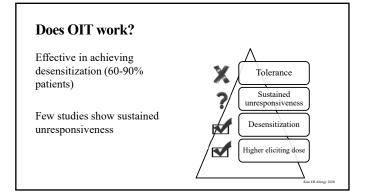
Oral Immunotherapy

Xolair









	Active group	Placebo group
Patient withdrawal due to adverse effects	11.6%	2.4%
Risk of allergic reaction	12% patients in clinic 14% of patients at home 23% total patients	10% risk of accidental reaction
Epinephrine administration	14%	6.5%
Biopsy proven Eosinophilic Esophagitis	~2-3%	43-56 of 100,000 children and adults
GI symptoms	- 14% episodic vomiting > 2 hours after dose - 6% GI symptoms that improved with dose reduction	Videry B NEIM 2018, Manufeld LE Allergy Authun Proc. 2013. Wasserman REI Allerg Clin Immunol Pract. 201 Natabane I. Pedata Allergy Immunol 2018. Wasserman REI Allerg Clin Immunol Pract. 201

Precautions during OIT



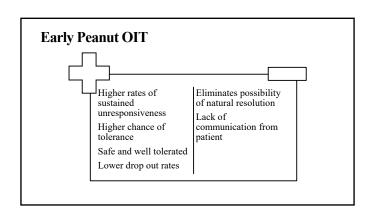
- Take dose one hour after eating a meal
- Do not up dose while sick
- · Do not up dose during menstrual cycle
- Do not exercise or perform increased activity within 2 hours of a dose
- Avoid NSAID
- Avoid sleep deprivation

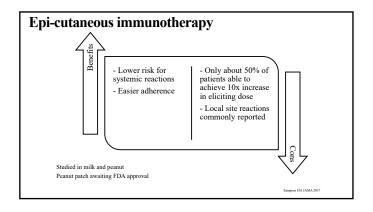
Ideal candidates for OIT

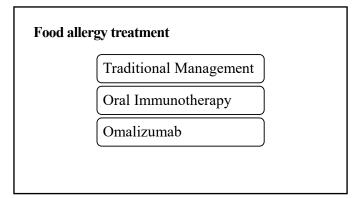
- Patients with significant quality of life impairment and social restriction that has not improved with education
- Patients with very low threshold doses that need higher levels of vigilance
- Patients with poor impulse control that are prone to accidental reactions

Ideal candidates for OIT

- Patients with significant quality of life impairment and social restriction that has not improved with education
- Patients with very low threshold doses that need higher levels of vigilance
- Patients with poor impulse control that are prone to accidental reactions
- Infants and toddlers with newly diagnosed peanut, tree nut or sesame allergy

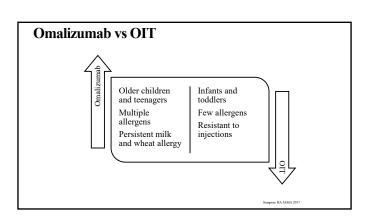






Omalizumab

- Monoclonal anti-IgE
- · Can increase threshold dose
- · Should be used in conjunction with avoidance
- May be combined with OIT
- May lead to cautious dietary expansion



Allergic considerations for children with Atopic Dermatitis

Can we prevent food allergy development?

Can allergies be making the eczema worse?

Food sensitization in AD

Sensitization in atopic dermatitis

- Six times higher in patients with AD than healthy controls
- · Lower association with clinical reactivity in patients with AD

Prevalence

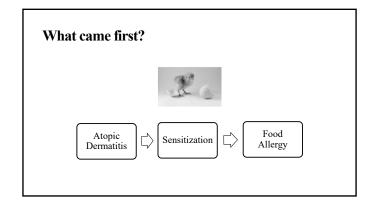
• Ranges from 30-80%

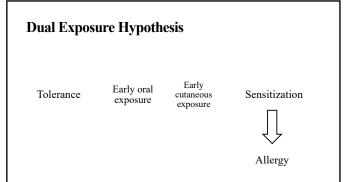
Tsakok T et al. J Allergy Clin Immunol 2016 Feb; 137(4): 1071-1077

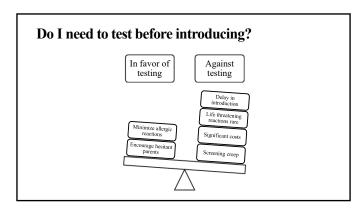
Food sensitization in AD (cont.)

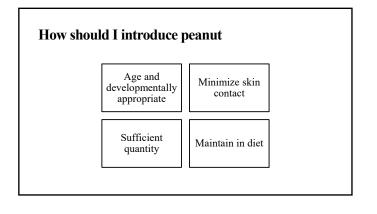
Not Food
Allergy

Table T et al. J. Allerg Clin Immand 2016 Feb: 137 (4: 1071-1077)





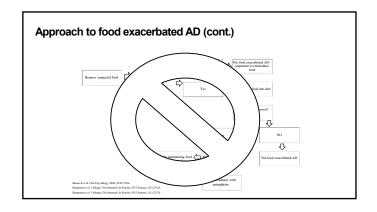




Allergic considerations for children with Atopic Dermatitis

Can we prevent food allergy development?

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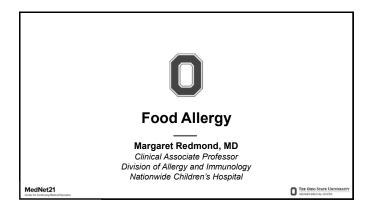
Complications of food exacerbated AD

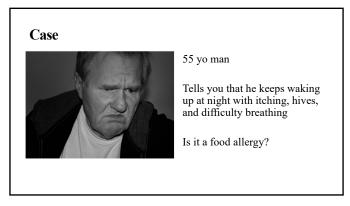
Patients with food triggered AD can developed immediate reactions after prolonged elimination

Main risk factor for developing an IgE mediated food allergy is avoidance of the food



Chang et al. J Allergy Clin Immunol Pract 2016; 4(2):229-236. Flintermann AE. Allergy 2006: 61(3)370-374.





What is Alpha-gal?









Limitations in Epidemiology

Helminths appear to also be able to sensitize to alpha-gal

Evidence of high rates of alpha-gal sensitization without symptoms

Rates of sensitization in asymptomatic children from Ecuador (32%) and Kenya (54%)

US military recruits

Denmark

University of Virginia

Risks of
Unnecessary
Avoidance

Nutritional

Anxiety

Social Withdrawal

Medications and Alpha-gal

Cetuximab and Infliximab

- o Less of a concern for newer biologics
- o Chinese Hamster Ovary derivation

Heparin

o Less than 5% risk

Carrageenan, Magnesium stearate

o Case reports

Case

6 month old male, mother is starting to solid foods

Mother generally breast feeds

She reports that on the two occasions that she has attempted formula, he has had vomiting

Is it a food allergy?





Vomiting started 3 hours after the formula

The vomiting was dramatic and recurrent, also had diarrhea

Mother reports that she almost called 911 because he seemed lethargic, but then he started nursing and seemed better



Food Allergy?

It is occurring reproducibly

BUT Mainly GI symptoms? Is three hours too delayed?



Non- IgE Mediated Food Allergy

Allergic Proctocolitis

Food Protein Induced Enterocolitis Syndrome (FPIES)

Chronic FPIES

Intermittent vomiting Chronic watery diarrhea Dehydration Weight loss Failure to thrive



Acute FPIES

- Repeated vomiting 2-6 hours after ingestion
 Diarrhea only after ingestion
 Hypotension
 Hypothermia
 Dehydration





Non IgE Mediated Food Allergy

Management

Prognosis