CONCLUSIONS. Although the predictive capacity of the APT is improved when combined with sIgE measurement or the SPT, oral food challenges become superfluous in only 0.5% to 14.0% of study patients. In addition, the APT is time-consuming and demands a highly experienced test evaluator. For daily clinical practice, the APT adds only a small predictive value to the standard SPT and sIgE measurement in the diagnostic workup of suspected food-related symptoms in children with atopic dermatitis.

REVIEWER COMMENTS. The APT is presumed to reflect late-phase clinical reactions. However, even with late onset of symptoms (>2 hours after food ingestion), the performance of the APT was not consistent in the children with atopic dermatitis. The question that remains unanswered is whether the APT could be used to diagnose non–IgE-mediated gastrointestinal reactions to foods, such as allergic eosinophilic esophagitis/gastroenteritis or food protein–induced enterocolitis syndrome.

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Allergic Eosinophilic Gastroenteritis With Protein-Losing Enteropathy: Intestinal Pathology, Clinical Course, and Long-term Follow-up

PURPOSE OF THE STUDY. To identify gross and/or histologic distinguishing features of antral and duodenal biopsy specimens as well as clinical response to various treatment regimens in the subset of patients with eosinophilic gastroenteritis (AEG) with protein-losing enteropathy (PLE).

STUDY POPULATION. The experimental group consisted of 6 children with anemia and hypoalbuminemia and biopsy-proven AEG identified retrospectively from a series of 93 patients with AEG who were evaluated at Mount Sinai Medical Center (New York, NY) over a 7.5-year period.

METHODS. Two comparison groups were used in addition to the experimental group. The first included 6 randomly selected patients from the series of 93 patients with AEG without anemia and/or hypoalbuminemia. The second comparison group included 5 patients who presented with symptoms consistent with possible AEG yet normal gross findings and histology after endoscopy. Causes of eosinophilia other than AEG were ruled out. The diagnoses of AEG required the presence of >20 eosinophils per high-power field in antral biopsy specimens and >50 in the duodenum. Hematoxylin/eosin staining and immunohistochemical staining of tryptase were used for identification of eosinophils and mast cells, respectively. The cell count was taken from the high-power field with maximum infiltration.

RESULTS. Various therapies were attempted in the experimental group including oral corticosteroids, Cromolyn sodium, 6-mercaptopurine, food-elimination diets, and montelukast. They were, at best, partially or temporarily beneficial. All experimental patients received an exclusive amino acid–based formula diet at some point in their care; this formula was associated with rapid im-
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