RESULTS. Thirty-one infants (57.4%) recovered from IgE-CMA, most recovering within the first 2 years (70.9%). Risk factors for persistence of milk allergy included clinical reactions to <10 mL of milk on oral food challenge or on first exposure as determined by guardian, larger wheal size on skin testing with 6 mm as the cutoff determined to best differentiate between transient and persistent allergy, and an age of <30 days at time of first reaction.

CONCLUSIONS. Resolution occurs in most infants with IgE-CMA, but infants who react to <10 mL of milk, react within the first month of life, or have a wheal size larger than 6 mm are at increased risk for persistence of milk allergy.

REVIEWER COMMENTS. This study helps to describe the clinical factors that can help the clinician counsel parents on the persistence of IgE-CMA. It does not, however, also describe whether the severity of reaction changes with this persistence. Continued studies to further delineate these factors will be of great benefit to parents with children who have milk allergy.


Sandy Jung-Wu, MD
Los Angeles, CA

Allergic Reactions to Foods in Preschool-Aged Children in a Prospective Observational Food Allergy Study

PURPOSE OF THE STUDY. To determine the frequency and circumstances of allergic reactions to common food allergens in a multicenter, prospective study of preschool-aged children.

STUDY POPULATION. The cohort examined was already participating in an observational study to monitor for development of peanut allergy in patients with history of milk/egg allergy. There were 512 infants enrolled between the ages of 3 and 15 months from 5 US sites.

METHODS. In a prospective, 5-site observational study, subjects were scheduled for a clinical evaluation at 6-month intervals for 2 visits, then yearly with telephone contacts between each visit. Baseline immunoglobulin E to specific allergen was also obtained. Written and verbal specific food allergen avoidance instructions, along with treatment plans with prescriptions for self-injectable epinephrine were provided. A 36-item questionnaire obtained details about the occurrence of an immunoglobulin E-mediated reaction, including symptoms and time of occurrence, trigger, route of exposure (accidental versus purposeful), and response to reaction.

RESULTS. Over the median follow-up of 36 months, annualized reaction rate was 0.81 per year for all foods (367/512 subjects reporting 1171 reactions) with 56% reporting ≥1 reaction. Most were triggered by milk (42.0%), egg (21.0%), and peanut (7.9%). Most (64.9%) accidental allergic reactions were attributed to lack of vigilance (eg, label-checking errors and unintentional ingestion). Additional errors included cross-contact in meal preparation and food not provided by actual caregivers. Approximately 11% of reactions were attributed to nonaccidental exposure. Of the 11.4% of reactions that were severe, only 29.0% of them were treated with epinephrine because the caregiver did not recognize the severity, the epinephrine was unavailable, or the caregiver was afraid to administer it.

CONCLUSIONS. Because of the high frequency of reactions in preschool-aged subjects, there needs to be an emphasis on improving education in the parent and other caregivers about exposure prevention and anticipatory guidance. The education needs to include indications for epinephrine use and proper technique, as well as potential complications.

REVIEWER COMMENTS. This novel prospective, observational study used a large cohort of preschool-aged children. The number of purposeful exposures and the lack of vigilance, despite initial anticipatory guidance, is remarkable. This article emphasizes the importance of providing patients and all caregivers with anticipatory guidance at every clinic visit and reviewing their knowledge of the potential reaction on exposure. It is very important to emphasize the need for supervision, label reading, possible dangers of unsupervised allergen reintroduction, and the symptoms that warrant treatment with epinephrine. The study is limited by parental bias in reporting reaction and circumstances, as well as recall bias.


Poneh Davoodi, MD
William K. Dolen, MD
Augusta, GA

Oral Immunotherapy for Treatment of Egg Allergy in Children

PURPOSE OF THE STUDY. To determine that oral immunotherapy (OIT) to egg is safe and effective to desensitize patients and induce sustained unresponsiveness.
Allergic Reactions to Foods in Preschool-Aged Children in a Prospective Observational Food Allergy Study
Poneh Davoodi and William K. Dolen

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