SYMPOSIUM 14

ALLERGY IN CHILDREN

S14.2

FOOD ALLERGY IN CHILDREN: WHAT CHOICE DO WE HAVE?

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Food allergy is defined as an abnormal immunological reaction to food proteins, which causes an adverse clinical reaction. Food allergies have increased significantly in the past decade. An accurate history is crucial in approaching the management. At the outset, food intolerance must be distinguished from food allergies and, furthermore, these allergies should be classified into either an IgE, Non-IgE, or a mixed response. The clinical features vary from life-threatening anaphylaxis to milder IgE-mediated responses, atopic dermatitis, and gastrointestinal symptoms. The severity of the reaction and the potential risk for anaphylaxis on reexposure should be assessed. Milk, soy, egg, wheat, and peanut allergies are common in children, whereas peanut, tree nut, fish, shellfish allergies, and allergies to fruits and vegetables are common in adults. Structural proteins are important determinants of the severity of the reactions and may often predict the natural history and cross reactivity. The evaluation of a child with suspected food allergy includes detailed medical history, physical examination, screening tests and response to elimination diet and to oral food challenge. None of the screening tests, alone or in combination, can definitely diagnose or exclude it. The main principle of food allergy management is avoidance of the offending antigen. An incorrect diagnosis is likely to result in unnecessary dietary restrictions, which, if prolonged, may adversely affect the child's nutritional status and growth. Majority of the patients outgrow their allergies to milk, soy, egg, and wheat, and some to peanut also, therefore, patients should be periodically reassessed.