



Offspring
Child Health Specialists

LET OUR FAMILY CARE FOR YOURS

Issue 3
May 2017
Tea Room News

Offshoot-Food Allergy

IgE mediated food allergy is increasing in Australia. 1 in 10 children at 12 months of age in Australia has a clinical proven food allergy, with egg, cow milk and peanut being among the three most common IgE mediated food allergies. Often young children with food allergy have eczema, and the combination of food allergies and eczema can have a significant impact on the quality of life of parents and their allergic child. Proper diagnosis and management and understanding of the limitations of food allergy testing is paramount.

Q: What do you call a fake noodle?

A: An impasta!



Dr Sam Mehr
Paediatric
Allergist & Immunologist

When should we suspect an IgE-mediated food allergy?

Severe eczema, particularly in infancy, increases the risk of IgE mediated food allergy. IgE mediated food allergy should be suspected in any children when there is an immediate reaction (usually within 1-2 hours of ingestion) following ingestion of a food, resulting in symptoms/signs involving the cutaneous (urticaria, hives, angioedema, eczema flares), gastrointestinal (vomiting, abdominal pain), respiratory (wheeze, cough, difficulty breathing, hoarse voice), and/or cardiovascular systems (floppy, hypotension).

How we confirm IgE mediated food allergies

Either by skin prick testing (SPT) or sIgE (formerly called RAST testing). Both are testing sensitization (i.e development of IgE antibodies to a food allergen). SPT is easy to perform the results are quickly available and many different allergens can be ordered. sIgE does involve a blood test, and currently only 4 allergens are currently covered by Medicare.

Panel testing should not be done, and instead specific food allergens should be ordered based on the clinical history. For example, if a child has immediately developed urticaria after drinking cow milk, then SPT/sIgE to cow milk and soy should be done (as soy is usually the safest alternative). The interpretation of the SPT/sIgE can sometimes be complex, but some general rules are:

- The larger the test size the more likely the child will react; a negative test usually means the child is likely to tolerate that food.
- The test size can not predict the severity of any future reaction (i.e 20 mm peanut SPT does not mean the child is at more risk of anaphylaxis compared to a child with a 10 mm peanut SPT)
- Never perform a SPT/sIgE to a food a child is tolerating in the diet without immediate reaction, as false positive reactions are not uncommon, leading to unnecessary avoidance in the child's diet.



Dr Jeremy Rajanayagam
Paediatric
Gastroenterologist & Hepatologist

Management of IgE mediated food allergies

Currently management of IgE mediated food allergies involves avoiding the trigger(s) in question, determining if a modified version of the food protein can be ingested under medical observation (e.g. in those with egg/cow milk allergy, often we can perform baked egg/cow milk challenges under medical observation), repeat SPT/sIgE to determine if the child potentially has outgrown their allergy (which is then confirmed with a food challenge), and in those deemed at higher risk of anaphylaxis, an adrenaline auto-injector is prescribed. Action plans must also be provided. Desensitisation to food allergens is still under research and still not yet in clinical practice.



Dr Jacinta Coleman
Paediatrician & Adolescent

IgE mediated cow's milk allergy

If IgE mediated cow's milk allergy is confirmed (i.e. immediate clinical reaction to cow milk and positive SPT/sslgE to cow's milk)

Reaction severity to cow milk	Age group	Formula/milk alternative
Mild-moderate (i.e. skin or GIT reaction only)	< 6 months of age	Extensively hydrolyzed formula*
	> 6 months of age	Soy milk/formula**
Severe (anaphylaxis, i.e. respiratory or cardiovascular involvement)	Any age	Amino acid formula***

* This can be prescribed by a Paediatrician, Paediatric Gastroenterologist or Allergist

** In older children (> 12 months of age), rice/almond milks may be an alternative but it is important to note these are poor sources of protein and should only be used after discussion with the doctor/dietician.

*** This can only be prescribed by a Paediatric Gastroenterologist or Allergist

It is important the following milks are not given to those with IgE mediated cow milk allergy due to the risk of reacting to such milks/formulas

- A2 milk, lactose free milk
- Goat or sheep milk

IgE mediated cow milk allergy generally has a good prognosis, and on average 30% of children outgrow this allergy by 3 years of age, 50% by 5 years of age, and 90% by > 10 years of age. This is determined by performing the SPT/sslgE every 12-18 months, and once the test result is low, under the guidance of an Allergist cow milk protein is then introduced back into the diet.



Dr Sarah Donoghue
Paediatrician & Metabolic Physician



Catrina Gray
Paediatric Dietitian

Skin Prick testing at Offspring

Skin Prick Testing is now available at Offspring. Patients will be required to make an appointment for this service that will be performed under the supervision of an Allergist/Immunologist. Patients will be provided with a written report documenting the results of the test as well as further information sheets about relevant allergen avoidance where appropriate. A report with the results will also be forwarded to the referring doctor. For patients intending to undertake a skin prick test, please do not take antihistamines for at least 5 days prior to your appointment as this will interfere with SPT and therefore this will not be able to be undertaken. Finally, for parents of young children your appointment may take up to 2.5 hours, so please ensure you come prepared.

Latest Updates

- Congratulation Dr Sarah Donoghue for your latest article "Advances in genomic testing" in AFP April 2017.
- Congratulations Dr Jeremy Rajanayagam on your two presentations relating to Inflammatory Bowel Disease and Autoimmune Hepatitis in Prague, at the 2017 annual meeting for the European Society of Paediatric Gastroenterology, Hepatology & Nutrition (ESPGHAN).
- We would like to welcome Dr Sarah Condron to our team of Offspring Surgeons.



Dr Sarah Condron
Paediatric Surgeon



Mr Hari Jeyarajan
Paediatric ENT,
Head & Neck Surgeon



Mr Ricky Kumar
Paediatric Maxillofacial Surgeon



GASTROENTEROLOGY



GENERAL & DEVELOPMENTAL



ADOLESCENT



ENT & MAXILLOFACIAL



PAEDIATRIC DIETETICS



ALLERGY



PAEDIATRIC SURGERY



METABOLIC & GENETICS