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Food allergy in children: Diagnostic criteria for immunoglobulin E (IgE)-mediated or non-IgE-mediated in pediatrics

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Introduction: Food allergy (FA) has been a common complaint in pediatric. FA is due to an abnormal immunologic response to food proteins and adverse reactions can be explained into allergic and not allergic reactions. The most common pediatric FA is cow's milk allergy. The history of the type of the symptoms and signs, age of onset and evolution of the reactions can indicate the suspected FA (IgE-mediated or non-IgE-mediated) or a hypersensitivity reaction- lactose intolerance. There are wide spectrums of clinical manifestations to diagnosis FA and intolerance food, including FA-related gastrointestinal, like vomiting, abdominal pain, irritability, failure to thrive, blood-tinged stools (colitis or proctitis) and iron deficiency anemia. The respiratory tract symptoms (allergic rhinitis and conjunctivitis) are more common. The anaphylaxis is a serious reaction, IgE-mediated, with hemodynamic alteration and death.

Diagnostics: The diagnostics of the allergic immune response of the type of allergy include anamnesis and the knowledge of the immunological basis by the pediatrician. Both the mechanisms (IgE-mediated or non-IgE-mediated or mixed) are with sensitization and chronification. The expose of the antigen-presenting cells located in the gut develops an inflammatory immune response regulated by Th2 T cells and reaction by stimulation mast cell, eosinophils and neutrophils. Diagnostics tests depend on the immunopathogenesis of the severe reaction of the FA. The most of the symptoms with a genetic predisposes and the environment stimuli can help the necessity or not the tests to diagnostics FA. Endoscopy, colonoscopy, prick or puncture skin test should be evaluated by the symptoms of FA.

Treatment: Knowledge of the physiopathology of FA is the main point to think about the diagnostic and improve the quality of life. Elimination diet can be used by patient according to the symptoms of non-IgE-mediated and/or IgE-mediated. Allergen avoidance and hypoallergenic molecules can be used to induce tolerance of FA. Focuses on minimizing sensitization and improve immune system maturation.

Experience: January-May, 2018, 16 children (1 month-5 years old) in a low complexity care pediatric hospital was referred with diagnostics of FA. Four were lactose intolerance, seven were colitis/proctocolitis infectious diseases and only five were FA (two children were zero lactose diet and four were referred with $P < 3$ and symptoms over a month ago).

Biography

Liane Guidi Okamoto is a medical degree since 2002 and a Specialist in Pediatric by Brigadeiro Hospital since 2005 (since 2008 by SBP, Brazil) and Pediatric Gastroenterologist Specialize by Instituto da Criança-Sao Paulo, Brazil, since 2008. Actually, Pediatric, Pediatric Gastroenterology and Supervisor of Pediatric Residence Program at Hospital Municipal da Criança e Adolescente, Guarulhos, Sao Paulo. Her research focuses on the treatment of inflammatory bowel diseases and common gastrointestinal complaints, such as vomiting, diarrhea, failure to thrive and different aspects of infant nutrition, celiac disease and a pediatric practice to improve diagnostics and quality of life.

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