

Breaking news on oral food challenges

November 8 2019

Oral food challenges (OFCs) are the gold standard for allergists when diagnosing a food allergy. The person being tested is given a very small dose of the food by mouth under the supervision of a board-certified allergist to test for a severe reaction.

Two medically challenging cases being presented at the American College of Allergy, Asthma and Immunology (ACAAI) Annual Scientific Meeting in Houston contain new information on the benefits of OFCs when diagnosing food allergies.

Oral Food Challenge Best for Diagnosing Peanut Allergy

This case involved a 17-month-old boy with atopic dermatitis (eczema) and what was thought to be [peanut allergy](#) based on a [skin test](#) and [blood test](#). The boy had two prior small rashes on his mouth after eating peanut.

"We weren't convinced he was allergic to peanut because although his prior skin prick and blood testing suggested he was sensitive to peanut, he'd never had a convincing allergic reaction," says allergist Katherine Tison, MD, ACAAI member and lead author of the study. "We performed an OFC, and he passed with only a small rash on his face which resolved itself. That showed he was sensitive to peanut, but not allergic. The case shows that an OFC should be used to determine if a child is truly allergic, especially prior to starting oral immunotherapy treatment, which was being considered for this child. A sensitivity shown

through a skin prick or blood test is not enough to diagnose a [food allergy](#)."

Following the successful OFC, the allergists did not recommend treatment but instead encouraged the parents to begin giving the child peanut products three times weekly to maintain his tolerance to peanut.

Presentation Title: A Case for Oral Challenge in Patients with High Peanut Sensitivity to Guide Treatment Decisions
Presenter: Katherine Tison, MD

Cutting Foods out of a Child's Diet to Improve Eczema May Result in a Later Food Allergy

This case concerned a 3-year-old boy with uncontrolled [atopic dermatitis](#) (eczema) and asthma whose eczema hadn't been properly treated. Because children with eczema often later develop food allergies, their parents sometimes decide to avoid foods that have previously been tolerated due to concerns about flares of eczema—or concerns about developing a full-blown food allergy.

"Skin prick testing showed the little boy had sensitization to egg, peanut and sesame," says allergist Evelyn Wang, MD, ACAAI member and lead author of the abstract. "Despite him tolerating the foods previously, and no clear association between eating the foods and flares of his eczema, his parents removed these items from his diet for one year. After one year, he passed an OFC to egg and sesame, but experienced anaphylaxis to [peanut](#). The case shows it is possible that removing foods from a child's diet in the hope of improving eczema may lead to food allergy later in life."

The authors of the abstract point out that it's important that good skin care and appropriate topical treatments for eczema be tried first to help

determine if an eczema flare is due to a food allergy. If, after this treatment, the [eczema](#) flare continues, then it makes sense to move onto an OFC to determine if [food allergy](#) is the cause.

Presentation Title: Atopic Dermatitis and the Risk of Food Avoidance:
An Unfortunate Case of Food Allergy
Presenter: Evelyn Wang, MD

Provided by American College of Allergy, Asthma, and Immunology

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