

FOOD ALLERGY CASES

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Case 1

A 9 month old infant with severe eczematous rash is seen by his pediatrician. His mother reports that he has had this rash since 6 months of life when bottle feeding started. The skin rash did not respond to 1% hydrocortisone treatment and it has worsened in the past few weeks. On exam, he is noted to have generalized dry skin with subacute eczematous lesions on both cheeks and the extensor surfaces of his extremities without other abnormal findings. A diagnosis of cow's milk allergy is suspected which is confirmed by a highly positive CAP-RAST test for milk specific IgE antibody. He is successfully treated with 1% hydrocortisone cream, daily cetirizine (antihistamine), avoidance of cow's milk and dairy products, and a trial of soy milk formula feeding. His skin rash is controlled well within 2 weeks and this totally disappears after 1 year of age. At 3 years of age, cow's milk is accidentally given to him, however, no skin rash or other reaction is noticed. A cow's milk challenge is given to him in the physician's office and no reaction is noted. His cow's milk allergy has spontaneously resolved and he has no further problems with milk or dairy products.

Case 2

A 3 year old girl is brought to a pediatrician's office immediately since she develops her second episode of hives on her face and torso with dry coughing after eating peanut butter. Exam findings reveal normal vital signs, generalized expiratory wheezing and generalized urticaria. The symptoms respond well to diphenhydramine, subcutaneous epinephrine and an albuterol nebulizer treatment. Subsequently, she is evaluated by an allergist for possible peanut allergy. Her skin test demonstrates a strongly positive skin test (2 cm) and a CAP-RAST test shows a high level of peanut-specific IgE. Peanut avoidance is recommended. Her parents are given instructions on antihistamine and EpiPen use.

In pre-school, she develops difficulty breathing and urticaria after eating a cookie given to her by another child. An ambulance is called and she is treated in an emergency department. At age 10, while on a school field trip, she develops urticaria, wheezing and she passes out after eating chili for lunch. An ambulance is called and she is treated with IV epinephrine, diphenhydramine, cimetidine and methylprednisolone for anaphylactic shock.

Clinical Quiz: Questions

1. Which one is the common natural course of cow's milk allergy in children?
..... a. spontaneously resolves by age 4.
..... b. spontaneously resolves by age 10.
..... c. persists without changing severity.
..... d. increases severity through their lives.
..... e. is an unpredictable pattern.
2. Which of the following are considered safe for patients with peanut allergy?
..... a. Chinese and Southeast Asian foods
..... b. Ice cream
..... c. Dry pet food
..... d. Chili
..... e. Pastry
..... f. None of the above
3. Which of the following are considered safe for patients with milk protein allergy?
..... a. Lactose
..... b. Non-dairy creamer
..... c. Canned tuna
..... d. Soy infant formula
..... e. Hot dogs
..... f. Casein

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