Correspondence

Reply

To the Editor:

The correlation between disease severity and levels of total IgE or allergen-specific IgE antibodies in patients with eczema points to an important role for allergens in the pathogenesis of this condition. These observations have led researchers to investigate whether there is evidence of sensitization to ''intrinsic'' allergens in the form of eczema associated with low IgE. Recently, we showed that IgE antibodies to an array of microbial products derived from skin-colonizing bacteria and fungi were infrequent and present at low titer in adults with eczema who had low IgE.[1] Our findings implied that microbial allergens are unlikely to trigger eczematous eruptions in these patients.

It is with great interest that we read the correspondence of Schnopp et al,[2] which describes clinical features and IgE antibodies to microbial products in a pediatric population of eczema patients. Measurement of IgE antibodies directed against the same panel of microbial products that were analyzed in our study reveals a much lower prevalence and titer of these antibodies in children with low versus high total IgE. Moreover, the frequency of positives to at least 1 microbial allergen is high in children who have increased IgE. These observations are consistent with our findings in adults. We concur that sensitization to microbial allergens is not an appropriate marker for ''intrinsic'' eczema. Also, the data in children suggest that discrete patterns of sensitization to ''intrinsic'' allergens are established in early life for disease associated with low versus high IgE. It will be interesting to examine whether IgE antibodies directed against microbial allergens provide a marker for disease progression into adulthood. We are encouraged by the strong agreement in the data between children and adults with eczema.

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Disclosure of potential conflict of interest: J. A. Woodfolk has received grant support from the National Institutes of Health and the National Institute of Allergy and Infectious Diseases. The rest of the authors have declared that they have no conflict of interest.

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doi:10.1016/j.jaci.2007.08.049