

Airborne allergen, allergy & atopic IBS

Dear Editor,

I am writing to comment a thoroughly engaging study by Nybacka et al.¹ Tobin et al first coined the term atopic IBS to describe a subgroup of Irritable Bowel Syndrome patients who may have allergic manifestations and may benefit from specific therapeutic interventions.² Ten years have passed, yet we still know very little about this subject. Nybacka et al.¹ showed us that gastrointestinal symptoms or IBS severity was unable to differentiate atopic IBS and non-atopic IBS patients. Other studies showed that compared to non-atopic IBS, atopic IBS patients have increased intestinal permeability and density of IgE-bearing cells and a higher level of total immunoglobulin E.²⁻⁴ There are a few reasons for the little progress in this research topic:

1. Heterogeneity of atopy definition: Nybacka et al.¹ defined atopy using atopic manifestations during childhood. Tobin et al.,² in turn, defined atopy as ever had seasonal allergic rhinitis, allergic eczema, and asthma. In another study, Vara et al. added urticaria to the definition of atopic diseases.⁵ Jones et al. did not include urticaria but added conjunctivitis instead.⁴
2. Uncertainty about allergy nomenclature: Atopy, sensitization, and allergy are often used interchangeably by doctors. Atopy is a predisposition toward developing allergic reactions; Sensitization is a production of antibody by the immune system in response to any substance it considers abnormal.^{6,7} Only atopic patients who have developed clinical response on exposure to a sensitized antigen are considered allergic to that specific antigen.
3. Invisible food: Airborne allergens used to be overlooked as gut antigens. This idea has since changed due to the discovery of house dust mites in the gastrointestinal tract by Tulic et al.⁸ Nybacka et al. reported that a larger proportion of atopic IBS patients tested positive for airborne allergens, as compared to non-atopic IBS patients.¹ Vivinus et al also reported higher airborne allergens sensitization in IBS patients in relation to healthy controls.⁹ We must investigate whether this relationship was secondary to allergic diseases or directly with IBS.

Ultimately, IBS and atopy are two very common conditions in the community. It is not unusual for them to coexist in a single patient. However, if there was a true association between IBS and atopy, we must carefully explore its secret so that we will not miss any opportunity of finding a more effective treatment for IBS.

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