

Letter to the Editor

Editor,

In the recent publication by Corrado *et al.*, 30 children with food allergy presenting as atopic dermatitis (AD) were compared with patients with food allergy and gastrointestinal symptoms and patients with food allergy and atopic asthma. The comparison was made regarding the presence of *Helicobacter pylori* antibodies and anti-Cag A antibodies. Significantly higher positive results for anti-*H. pylori* were found in the first group with 56%, compared with 37% and 10%, respectively. The authors postulate a positive association between *H. pylori* seropositivity and AD as the sole manifestation of food allergy (1).

These results led us to investigate *H. pylori* infection in a subgroup of children from our pediatric allergologic department, all of whom presented with AD and food allergy determined by double-blind, placebo-controlled oral food challenges. Of the 19 children (mean age 17 months) investigated, we found 5.2% (one child) to be positive. Our percentage of positive children is therefore remarkably lower than that found in Dr Corrado's collective. In accordance with our results, a population-based study found 4.8% positivity in German preschool children (2).

While the study by Corrado *et al.* determined anti-*H. pylori* antibodies, which in our view reflects only the immunological response to preceding contact with *H. pylori*, we used the 13C-urea breath test to establish the presence of *H. pylori* in the gastrointestinal tract. The 13C-urea breath test is regarded as more reliable than serologic tests for the detection of active *H. pylori* infection in children. Under 10 years of age serology has been found to be insufficiently sensitive for clinical purposes, as described recently by Corvaglia *et al.* (3). The mean age of patients in Dr Corrado's group was

81 months, compared with 17 months in our study: older children may have a greater possibility of coming into contact with *H. pylori*. Furthermore, it is noteworthy that *H. pylori* infection is not equally distributed between social and ethnic groups (4). The discrepancy between our results and those of Corrado *et al.* might be the result of comparison between different ethnic groups.

In conclusion, an association between *H. pylori* infection and food allergy does not seem to be proven at this point in time. Further prospective studies, using a larger number of children and considering the above-mentioned aspects, are warranted to verify the hypothesis raised by the authors.

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References

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