

(control) infants who had a median TEWL of 10.82 (*FLG* non-AE infants had a median TEWL of 15.99). This implies that *FLG* mutations are associated with barrier dysfunction, but WT individuals with AE may not have significant measurable barrier dysfunction—so what role are emollients designed to replace lipids playing in these individuals? We congratulate the group on its findings and look forward to follow-up data of this cohort and similar studies addressing potential topical sensitization.

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Reply

To the Editor:

We thank Leitch et al¹ for their interest in our pilot study for atopic dermatitis prevention using emollients. Their group made some suggestions for improving our larger studies that are currently in development. In our pilot study,² we offered participants a choice of an oil, a cream/gel, and an ointment to determine parental preferences. They suggest using 1 emollient intervention (rather than several) to reduce variability.

We agree that that approach reduces variability. Indeed, 1 current study under way will use just 1 emollient or 2 very similar emollients to offer parents some degree of choice. A price is paid, however, for this design decision—reduced participant choice, which could affect recruitment and adherence, and reduced generalizability of the results. Surprisingly, there are few patient-oriented outcome data that support the superiority of one emollient over another. A second study is under way that will provide a choice of emollients. Leitch et al¹ also suggest avoiding non-ointment emollient formulations to reduce sensitization to excipients. Our group prefers ointment-based emollients to avoid sensitizers that are more likely to be present in cream formulations, but our parent preference data found that parents prefer creams or gels. After consultation with experts, we chose our emollients on the basis of safety data and formulation, and chose emollients with data from pediatric populations.

Leitch et al¹ also mention that our recruitment strategies were different between countries, which was true. As designed, we gathered important information regarding various recruitment strategies in different settings to help us plan the follow-up trials. They also mention that the prevalence of filaggrin (*FLG*) mutations seemed low in our study of high-risk individuals. Although we did

not gather precise racial or ethnic data on our small cohort, we did have participants of African American and Asian descent—2 populations with *FLG* mutations that would not have been picked up by our *FLG* screening. Our larger studies in progress have more in-depth characterization of the populations with expanded *FLG* screening.

Last, Leitch et al¹ question why participants without *FLG* mutations would be included in a prevention trial using emollients. The answer is 2-fold. First, *FLG* mutations may not be the only barrier defect that leads to atopic dermatitis.³ Second, emollients exert an anti-inflammatory effect and may repair barrier defects induced by early inflammatory skin infiltrates. Thus, emollients address many different pathways leading to atopic dermatitis—they correct *FLG*-barrier defects, they correct skin barrier defects caused by genes yet to be characterized, they may correct skin barrier defects caused by environmental insults (such as overbathing or allergen exposure), and they blunt early inflammatory skin responses in predisposed individuals. A very recent cohort study by Kelleher et al⁴ found that the presence of barrier dysfunction at age 2 months strongly correlated with the development of atopic dermatitis regardless of *FLG* mutation status. These findings argue against screening for *FLG* mutations when determining who would benefit from emollient therapy. Larger trials in various populations are under way to further characterize this promising approach.

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The risk of sensitization to furry animals in patients already sensitized to cat/dog: An *in vitro* evaluation using molecular-based allergy diagnostics

To the Editor:

We greatly appreciate the recent article by Konradsen et al¹ dealing with the important topic of allergic sensitization to furry animals. However, we noticed the lack of information on the risk of developing allergic sensitization to “other” furry animals in subjects already sensitized to common pets (cats/dogs [c/d]).