

Editorial

Subsets of Patients with Cow's Milk Allergy

There is absolutely no doubt that allergy to cow's milk (CM) is over-diagnosed by all groups of physicians, patients, and parents. This was especially true in the 1950s, 1960s, and 1970s before there were exact methods of demonstrating, to the immunologist's satisfaction, that immunoglobulin E (IgE) antibodies to various CM proteins are produced by patients. Because of the occurrence of both false-positive and false-negative skin tests and because of the marked variation in the duration of oral milk intolerance, from a few months to several years, the clinical diagnosis and the clinical management of CM allergy in infants has remained a problem. These issues are seldom addressed at the bedside or in the physician's office, in spite of concerted efforts in the past to clarify the various mechanisms involved.⁽¹⁻⁶⁾

For symptoms to be ascribed to allergy, two conditions must be present. First, milk protein-specific IgE antibodies must be present, and, second, the symptoms must be reproducible.⁽⁷⁻⁹⁾ Yet, there are times when it just is not prudent to challenge the patient, for example, the previous occurrence of anaphylactic shock and other forms of potential severe disability. Finally, parental consent must *always* be obtained.

Five of five oral CM challenges were positive in the original paper by R.H. Schwartz *et al.* in this issue of *Pediatric Asthma, Allergy, and Immunology*. Yet, only 5 of 26 parents agreed to document the clinical occurrence of CM allergy. For the first time, three subsets of patients all allergic to CM were identified. The challenged patients were representatives from each of the subsets. Eight were allergic to CM alone, 8 were allergic to skin tests to CM and CM whey hydrolysate, and 10 were allergic by skin tests to CM, CM whey hydrolysate, and CM casein hydrolysate.

This essential clinical investigation could not have been done without a critical mass of patients coming and being under the care of a critical allergy and immunology investigator consultant. The Rochester, New York, referring pediatricians and family physicians are to be commended for thinking of their patient first, as well as addressing the real concerns of their patients' parents. With the ever increasing sophistication of the American parent, this study should serve as a role for other unanswered problems.

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