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BSACI 2021 guideline for the management of egg allergy

To the Editor,

The recently published BSACI guideline for the management of egg allergy¹ is a timely update to the 2010 guideline, with an appropriate modern emphasis on clinically based diagnosis and promotion of tolerance.

However, we challenge the recommendation, contained in the guideline, that introduction of baked egg should be delayed to 1 year of age or until 6 months postlast reaction: See 'Key messages' (bullet point no 19) of the guideline.¹

This recommendation also contradicts statements made elsewhere in the document: at the end of section 5 of the guideline, which urges early referral, in order not to impair tolerance acquisition due to delayed introduction of baked egg and the statement made on page 1,267 of the guideline, which again emphasizes the advantages of timely baked egg introduction to include promotion of tolerance and the quality-of-life benefit of the lifting of dietary restrictions.

We are unaware of data that support either an age limit to baked egg introduction in weaned infants, or a limitation based on time elapsed since reaction. It is notable that oral immunotherapy research trials for egg and peanut desensitization routinely began up-dosing within 1 week of allergic reactions induced during diagnostic food challenges that could have included anaphylaxis.^{2,3}

In our own practice, baked egg introduction is advised and supported, in the home setting as soon as a clinical diagnosis has been established. In many cases, this occurs prior to encountering the allergy team face to face. On receiving a referral from a family doctor or our Emergency Departments, an allergy team member calls the family. If there are no 'red flags', such as a reaction to baked egg, or anaphylaxis to any type of egg, advice is given to start the egg ladder immediately. We recently published in *Clinical and Experimental Allergy* on the success and safety of this practice, in a cohort whose average age at the time of egg reaction and subsequent introduction of baked egg were 7.5 and 10 months respectively.⁴

In conclusion, we would urge that this unsupported recommendation, to delay introduction of baked egg, be reconsidered, in order to prevent the dilution of the guideline's primary message of tolerance promotion and to ensure optimal quality of life and food diversity for egg-allergic infants.

CONFLICT OF INTEREST

Aideen Byrne and Jonathan O'B Hourihane received research funding for peanut immunotherapy trials sponsored by DBV technologies

and Aimmune Therapeutics. They are both board members of the Irish Food Allergy Network. Maeve Kelleher declares no conflict of interest.

AUTHOR CONTRIBUTIONS

All authors participated in writing the paper and in proofreading and revising the final text.

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REFERENCES

1. Leech SC, Ewan PW, Skypala IJ, et al. BSACI 2021 guideline for the management of egg allergy. *Clin Exp Allergy*. 2021;51(10):1262-1278.
2. Itoh-Nagato N, Inoue Y, Nagao M, et al. Desensitization to a whole egg by rush oral immunotherapy improves the quality of life of guardians: A multicenter, randomized, parallel-group, delayed-start design study. *Allergol Int*. 2018;67(2):209-216.
3. PALISADE Group of Clinical Investigators, Vickery BP, Vereda A, et al. AR101 oral immunotherapy for peanut allergy. *N Engl J Med*. 2018;379(21):1991-2001. 10.1056/NEJMoa1812856
4. Mac Mahon J, Hourihane JO'B, Byrne A. A virtual management approach to infant egg allergy developed in response to pandemic-imposed restrictions. *Clin Exp Allergy*. 2021;51(2):360-363.