

GUEST EDITORIAL

FOOD ALLERGY WITH A FOCUS ON MILK ALLERGY



It is indeed a privilege to be guest editor of this wonderful journal which continues to attract excellent overviews and articles. The focus of this March 2012 issue is 'cow's milk allergy', with some related bells and whistles to beef up the reading variety.

Cow's milk is almost universally consumed as part of a balanced diet in early childhood, and is one

of the first complementary feeds to be introduced into an infant's diet. Such widespread and early exposure dictates that cow's milk protein is a common allergen, particularly in children under the age of 3. The diagnosis and management of cow's milk protein allergy (CMPA) remains topical and widely discussed, constantly attracting 'think tanks' of experts in a bid to establish clear and comprehensive guidelines. The latest document on CMPA comes from the World Allergy Organization, a mammoth 161-page document named the DRACMA (Diagnosis and Rationale for Action against Cow's Milk Allergy) guidelines.¹ These guidelines are logical and comprehensive if not enthralling.

In this issue of *Current Allergy & Clinical Immunology*, Sarah Karabus, a local paediatric allergologist, and George du Toit, a South African brain currently lost to London, set the tone with the 'least controversial' topic in cow's milk allergy, namely that of IgE-mediated cow's milk allergy. They rightly emphasise the role of food challenges in doubtful cases, the crucial role of regular follow-up and the fact that sensitisation levels may predict the likelihood but not severity of allergy. We now have a clearer understanding of which milk to use in which situation, but are still challenged by the financial burden placed on patients/parents when amino acid formulas are required. Paediatricians need to advise knowledgeably and prudently on the choice of formula milk, and consult an allergologist for assistance in difficult cases. Exciting new options are available for the 'treatment' of CMPA including oral desensitisation, but these should be confined to research settings and are not yet translatable into everyday clinical practice.

The gastrointestinal (GI) team from Great Ormond Street Hospital in London have a wealth of experience with GI manifestations of food allergy – most commonly cow's milk allergy – and have treated us to an overview of such conditions. This writing effort was headed most diligently by research dietitian Rosan Meyer, egged on by fellow (ex-South African) dietitian Claire Schwarz and paediatric gastroenterologist Neil Shah – whom we met at the ALLSA congress last year – who contributed enthusiastically in between training for his hike up Kilimanjaro. GI manifestations of cow's milk allergy are predominantly non-IgE-mediated and difficult to diagnose. A high clinical suspicion and elimination diet form the mainstay of diagnosis with a role for biopsy and atopy patch tests in some conditions. Some excellent take-home points from this article are the interaction between allergy cells/mediators and the enteric nervous system, explaining the motility problems which often

accompany GI allergies, and the variable natural history of GI allergies, which is perhaps more prolonged and complex than originally thought.

Kate Grimshaw, a research dietitian from the allergy hub of Southampton (UK), has a major research interest in allergy prevention strategies in infants. Kate was one of my lecturers on the allergy MSc programme in Southampton, and is an inspiring and enthusiastic teacher. Kate summarises the latest evidence on allergy prevention strategies in pregnancy and infancy (from 'womb to one'); the evidence is now copious but still confusing at times. While the jury is still out on some factors such as omega-3 fatty-acid supplementation and pre-/probiotics, some things have become clearer: breast is still best, hydrolysed formulas are worth a try in high-risk patients who are not breastfeeding, and the delayed introduction of solids does not reduce allergies. Studies looking at the effect of timing of food introduction on allergy prevalence are currently under way, and we do hope that the answers will 'jump out' at us from studies such as LEAP (Learning Early about Peanut Allergy).

It has been a pleasure indeed to work alongside my colleague from Botswana, Shiang-Ju Kung, in tackling the much understudied topic of food allergies in South Africa. In the last 10-15 years, westernised countries have seen a phenomenal increase in food allergies, for reasons as yet not comprehensively explained. Anecdotally, we have thought that South Africans have been spared from the food allergy epidemic, especially the black population. Recent studies on food allergy prevalence in South Africa suggest that this may not be the case. Unexpectedly, we are now finding real food allergies among black South Africans, and certainly at numbers not to be counted on just one hand. Has Africa joined the food allergy epidemic and if so, can we provide some answers as to the causes?

Other features in this issue include Allan Puterman's summary of interesting snippets from recent journals, as well as a fascinating case report by Mike Levin and colleagues describing a case of peanut aspiration masquerading as asthma. As clinicians we also sometimes 'masquerade' the facts – usually with good intention – but is it ever acceptable not to tell the truth to a patient? Sharon Kling enlightens us in our ethics section. In our occupational health section Thuraya Isaacs tackles the tongue-twisting preservatives which can cause skin allergies in the workplace.

I do hope that you have a good read and that you can 'milk' as much information as possible from this issue. My advice: forget the DRACMA guidelines – read the articles in this issue and you will be up to speed!

Claudia Gray

Guest Editor

1. Fiocchi A, Brozek J, Schuneman H, et al. World Allergy Organization (WAO) Diagnosis and Rationale for Action against Cow's Milk Allergy (DRACMA) Guidelines. *World Allergy Organization Journal* 2010;April:57-161.