

Correspondence

Which disease is cured by *Lactobacillus*?

To the Editor:

We read with interest the article by Canani et al¹ that evaluates the effect of *Lactobacillus* GG on tolerance acquisition in infants with cow's milk allergy (CMA). Their method of selection and classification and the makeup of their study population, however, deserve further clarification. The authors state with regard to their selection, "Infants (age, 1-12 months) consecutively referred for strongly suspected CMA *but still receiving CMP* were invited to participate in the study" (beginning of the second paragraph). Given this criteria, even a single case of IgE-mediated CMA (IgE-CMA) in their population would be surprising given the likelihood that the administration of cow's milk protein would have been stopped by their providers because of the repetitive reactions. In fact, only a single IgE-mediated CMA patient (1 of 12, 8.3%) from Group I presented with urticaria, while cutaneous manifestations are one of the most common symptoms in IgE-CMA.² Thus, we find it difficult to understand how 21 of the 55 patients (38%) were classified as having IgE-mediated CMA.

The makeup of their non-IgE-mediated CMA group also requires further elucidation. Given their criteria that a positive challenge test for the non-IgE CMA patients may have included patients with delayed reactions at home, confounding factors may be difficult to rule out. For example, patients with concurrent gastrointestinal symptoms during the week after the challenge or

patients with colic, not considered to be in the spectrum of CMA,³ could have been included.

Regardless of the authors' inclusion criteria, non-IgE-CMA typically resolves.³ Finally, had the authors segregated the demographic and clinical characteristics between the IgE-CMA versus the non-IgE-mediated CMA, as they do when they analyze for tolerance in Fig 1, the makeup of the patient populations would be better understood.

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