

Letter to the Editor

To the Editor,

In the article "Labial food challenge in children with food allergy," Rancé and Dutau (1) report on 202 Labial Food Challenge (LFC) tests performed on children with suspected food allergies, as indicated by case history, prick tests and specific serum IgE assays.

The LFC technique described by Moneret-Vautrin (2) was used in the above experiment: foods scoring positive in the prick test were tested in children by placing a drop on the lower lip and reading the result 15 minutes later. Five types of positive reactions were observed in 156 children: 1) smoothing of the lip; 2) erythema under the lip; 3) contiguous urticaria; 4) edema of the cheek, rhinitis and watering of the eye; 5) systemic reaction. (1).

According to the authors, LFC appears to be a simple and rapid method associated with a low risk of systemic reaction and they prefer this test to the Oral Food Challenge (OFC).

LFC is not a new technique, however, and has been used in the Allergy and Immunology Division, Department of Pediatrics, University "La Sapienza" for many years. We have in fact tested hundreds of children in this manner since 1989.

In the original experiment, seventy children were challenged with cow's milk (CM), 38 with egg and 5 with other foods. Open challenge tests were performed in a unit equipped and staffed to undertake emergency treatment. CM or egg was administered as follows: a drop of emulsified raw egg was put upon the inner border of the lower lip, and a further 5 ml of CM (or 1 ml of emulsified raw egg) was given after 5 minutes if no reaction was detected.

A challenge was considered positive when a reaction involved respiratory, nasal, digestive, cutaneous or systemic symptoms.

We continued the challenge by administering 100 ml of CM or half-boiled egg. If any symptoms secondary to the challenge were observed, the test was terminated. (3).

After the last administration of the test food, the children were observed for at least 4 hours and then discharged. Parents were instructed to continue giving the test food at home (150 ml of CM twice a day or one boiled egg twice a day) and to record any re-

action and report it at the follow-up visits, 7 and 15 days later.

The reason for putting only a few drops of CM on the lower lip is the severe reactions to CM we observed in 27 infants at risk of atopy. (4). We suggest therefore that LFC is only the first step in food challenge testing in infants, to be followed by increasing doses if the LFC is negative.

References

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Author's reply

We agree with Prof. Cantani. The sensitivity of the LFC test is low and we therefore recommend an OFC (single-blind, placebo-controlled food challenge) in our unit when this test is negative. Hence a TPL could represent the first step of a more sensitive test, the SBPCFC.

On the other hand, it is in our experience difficult and subjective to identify stage 1 or 2 reactions in LFC, so we only make a positive determination at stage 3 or higher.

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