

Correspondence

Reply

To the Editor:

We are replying to the comments of Drs Goldberg and Katz¹ regarding our article in which we described the effect of *Lactobacillus* GG supplementation to an extensively hydrolyzed casein formula on tolerance acquisition in children with cow's milk allergy (CMA).² All the patients enrolled in our study had very recently received cow's milk protein and had reacted to it, but they were not receiving substitutive formula.

Regarding the cases classified as IgE-mediated CMA, these patients were identified on the basis of a clinical history suggestive of an IgE-mediated mechanism (acute onset of typical symptoms within 2 hours after the ingestion of cow's milk protein), positivity of skin prick tests, and the result of double-blind, placebo-controlled food challenge (occurrence of symptoms within 2 hours after the administration of the last testing dose). The symptoms observed in 21 of the 55 IgE-mediated patients evaluated in the study were repetitive vomiting alone in 10, urticaria alone in 5, and repetitive vomiting plus respiratory symptoms in 6. As previously reported by others, vomiting is one of the most common gastrointestinal symptoms observed in patients with IgE-mediated food allergy.³⁻⁵

Concerning our patients with non-IgE-mediated CMA, we planned that if any symptoms occurred during the week after the double-blind, placebo-controlled food challenge, subjects would return to the outpatient clinic on the same day. In addition, after 7 days of verum or placebo administration, the patients had to be reexamined and the parents interviewed at the center. To rule out a false-negative challenge result, the parents of each patient were asked to contact the center if any symptoms occurred in the 7 days after the double-blind, placebo-controlled food challenge procedures. However, in our study, all patients with non-IgE-mediated CMA had a reaction within 48 hours of the last testing dose. We agree with the comment that CMA typically resolves faster in non-IgE-mediated subjects.^{6,7} However, our findings show that *Lactobacillus* GG is able to significantly reduce the time of tolerance acquisition both in patients with IgE and in patients with non-IgE-mediated CMA.

Drs Goldberg and Katz also raise the possibility that the demographic and clinical characteristics of our patients could have affected our results. To address this issue, we have performed a binary regression logistic analysis to assess the influence of sex, age, and body weight at randomization, breastfeeding, symptoms, and IgE-mediated mechanism on the primary outcome. The analysis revealed that the rate of patients acquiring tolerance at the end of the study was positively related to gastrointestinal symptoms (B, 3.34; odds ratio, 28.4; 95%

CI, 1.39-578.88; $P = .03$) and negatively to an IgE-mediated mechanism of CMA (B, -2.20; odds ratio, 0.11; 95% CI, 0.01-0.68; $P = .01$).

Last, as we mentioned in our conclusion, our study suggests that active dietotherapy (based on *Lactobacillus* GG supplementation of extensively hydrolyzed casein formula) is effective in curing the symptoms and in reducing the time of tolerance acquisition in patients with CMA. Our results open the way to studies to evaluate comparatively the efficacy of different exclusion diet options in reducing disease duration. We believe that this is an important issue given the changing pattern of CMA, namely, persistence of the condition until a later age.⁸

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