

# COMMON ALLERGY PROBLEMS IN CLINICAL PRACTICE



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*Professor Paul Potter graduated from the University of Cape Town and has a special interest in allergy diagnosis and immunotherapy. He is founder and director of the Allergy Unit at Groote Schuur Hospital and Director of the new Allergy Diagnostic and Clinical Research Unit of the UCT Lung Institute. He has written over 250 publications in the field of basic and applied allergy and serves on several international committees and on editorial boards of 3 international journals.*

Allergic diseases now affect between 20% and 30% of the South African population. Progress in the understanding of the immunological processes underlying the allergic response has been exponential in recent years and has led to new anti-allergic medications and to more precise diagnostic tests to confirm allergy and to monitor allergic reactions. Confirmation of the efficacy and safety of sublingual allergen immunotherapy for the treatment of house dust mite and grass pollen allergic rhinitis by a Cochrane review,<sup>1</sup> means that allergen immunotherapy can be safely conducted for allergic rhinitis sufferers beyond the specialised allergy centres. This has particular application for South Africa, where there are very few specialists in the field of allergy. Sublingual immunotherapy is also effective for mild monosensitive asthmatics.

Early diagnosis of allergy is possible in infants as young as 3 months, using the Immunocap, or skin prick tests. The importance of early diagnosis must be emphasised. For infants with eczema an allergic basis should always be investigated as more than 65% of these infants will have egg, peanut or milk allergies exacerbating eczema flare-ups. New cut-off values for positive results are also now available for these common allergens and assist the practitioner and pathologist to assess the significance of a positive result. This development has sharpened diagnostic abilities enormously. The determination of mast cell tryptase is also proving valuable in confirming an allergic basis to adverse reactions, particularly intra-operatively, but also on postmortem specimens in unexplained anaphylactic deaths. The importance of doing serial samples is emphasised to assist interpretation of the results.

Dr Hawarden's article emphasises the importance of treating patients with anaphylaxis by the intramuscular route, rather than the subcutaneous route. This is in line with a recent update practice parameter on the management of anaphylaxis based on new studies and recently published by the American Academy of Allergy Asthma and Immunology in the March 2005 issue of the *Journal of Allergy and Clinical Immunology*.<sup>2</sup>

The registration of pimecrolimus for the treatment of eczema is another major new development in South Africa. South Africa participated actively in the long-term clinical trials for the use of pimecrolimus in infants with eczema published recently in the *Journal of the American Academy of Dermatology* which showed that not only is it effective for reducing eczema flares, but it has no adverse effects on the development of protective antibodies after vaccination.<sup>3</sup> Pimecrolimus is also particularly useful for treatment of eczema of the face as it does not cause skin thinning. Dr Ahmed Manjra has outlined new guidelines for the treatment of children with eczema. An increasing problem encountered in the clinic is the presentation of patients who appear to be reacting to many different foods, but the results of routine allergy tests turn out to be negative. These patients are often sensitive to food additives. Several of these additive-specific sensitivities can now be confirmed using the CAST (sulphido leukotriene release) test. Dr Harris Steinman has provided a very useful clinical approach to the evaluation of patients such as these.

Finally, chronic urticaria remains a vexing problem for general practitioners, dermatologists and allergists. A recent study at the Red Cross Children's Hospital in Cape Town has confirmed that this condition is also common in children who, like adults, have auto-antibodies to the IgE epsilon receptor in about a third of the cases, confirming an immune basis to the disease but unlike adults they almost all respond very well to symptomatic treatment with cetirizine alone and rarely need oral steroids. Each of the articles in this issue has something new to say about their topic with direct practical implication for the management of allergies in practice.

One topic not covered in this issue is the use of anti-IgE treatment for the management of asthma. Anti-IgE treatment is expected to be launched in South Africa later this year for this indication. There is also new evidence that anti-IgE therapy can be used to treat and protect patients with other life-threatening food or drug or latex allergies, and further studies confirming this new exciting indication are awaited.

*References available on request.*