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### Urticaria in children: Is it food allergy or more?

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**Introduction:** A food allergy component in children with skin conditions is estimated depending on the prevalence of these allergies and possible local foods implication. The objective is to assess clinical features in food-allergic children, which can be complicated by confounding factors such as eosinophil hyperactivation, intestinal parasitosis, or diamine oxidase (DAO) deficit.

**Method:** A sample of 68 children with urticaria (average age 4.24 yrs) was selected from the allergology practice from 2014-2016. Cutaneous testing to food allergens was performed and complete blood count, total IgE titer, specific food IgE (sIgE), eosinophil cationic protein (ECP), anti-Toxocara IgG and DAO activity were determined.

**Results:** Eosinophilia was present in 17 patients (25%), 8 with raised IgE. Total IgE were high in 26 patients (38.2%). Among the 32 patients with normal eosinophil (Eo) count and total IgE, 18 also tested negative for specific food IgE, while only two of the eight patients with high Eo count and raised total IgE presented a negative FX5 test. Milk sIgE were positive in 25 patients, egg sIgE in 13, nuts sIgE in 10 and flour sIgE in 9. As confounders, ECP was raised in 7 patients, all with severe skin symptoms (including 5 with normal Eo count), anti-Toxocara IgG in 4 cases, and DAO activity borderline in 2 cases, low in other 2.

**Conclusion:** ECP is a key marker for assessing the eosinophil-driven inflammation in close correlation with skin lesion severity. Milk allergy is most prevalent in children, followed by egg, nuts and flour allergy.

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