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Short Communication

Clinical Immunology of Allergy Tests and food Allergy in Infectious Disease's

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DESCRIPTION

The term "food allergy" refers to an unfavorable immunologic reaction to a dietary protein. A wide variety of signs and symptoms, including those affecting the skin, gastrointestinal, respiratory, and cardiovascular systems, are linked to food-related reactions. The major cause of anaphylaxis is Immunoglobulin E (IgE)-mediated food allergy, hence it is essential to refer patients to an allergist for prompt and effective diagnosis and treatment [1]. A thorough history and diagnostic testing are required for diagnosis, including skin prick tests, serum-specific IgE, and, if necessary, an oral meal challenge. It is usually important to strictly eliminate the offending food allergen from the diet once the diagnosis of food allergy has been made; when a food allergy is diagnosed, it is usually required to completely eliminate the offending food allergen from the diet. However, many allergic children can consume baked versions of foods like cow's milk and eggs. An overview of the epidemiology, pathogenesis, diagnosis, and treatment of IgE-mediated food allergies is provided in this article [2].

Some people experience false-negative results from skin prick and/or blood-specific IgE allergy testing in the weeks that follow some anaphylactic attacks. Many terms have been used to describe this process, including empty mast cell syndrome, tachyphylaxis, and Postanaphylaxis Mast Cell Anergy (PAMA). Following an anaphylactic reaction, PAMA has been hypothesised to include temporary depletion of mast cell mediators and decreased mast cell sensitivity. But this doesn't explain why there are less particular IgE molecules in the blood [3]. Only a few case reports and studies with relatively limited sample numbers have described these phenomena. These researches have mostly focused on drug-induced anaphylaxis caused by hymenoptera and perioperative conditions. In a significant study, in the week after anaphylaxis caused by Hymenoptera, roughly 43% of the findings of skin prick tests and 25% of the results of specific IgE testing were negative. There are hence recommendations to postpone allergy testing following drug- or Hymenoptera-induced anaphylaxis. Regardless of the cause, it is also generally advised to think about postponing allergy testing after anaphylaxis. It is unknown if these guidelines should be followed in cases of food-induced anaphylaxis, and their timing varies. Following anaphylaxis brought on by Hymenoptera, the European Academy of Allergy and Clinical Immunology advises performing skin tests at least two weeks later. The recommendations also advise repeating the test after 6 to 8 weeks if the initial results are negative but the clinical suspicion is high [4].

However, the British Society for Allergy and Clinical Immunology recommendations suggest a different strategy for treating anaphylaxis when under general anaesthesia. They urge practitioners to be vigilant and repeat if the initial test results are negative and suspicion is high, but they also advise performing allergy testing once the patient has been stabilised. The National Institute of Allergy and Infectious Disease's recommendations for diagnosing food allergies talk about skin prick and blood-specific IgE testing, but they don't address whether to wait a specific number of weeks after anaphylaxis or whether testing can be done when the patient is first referred [5].

CONCLUSION

Elimination diets and food/symptom diaries are additional methods that can help in food allergy identification. The elimination diet, which can be used to diagnose and treat food allergies, calls for complete abstinence from any suspicious foods or food categories for a predetermined amount of time (often 1-2 weeks), while symptoms are watched for a corresponding improvement. Potential patient and physician prejudice, as well as inconsistent patient adherence to the diet, serve as limitations. A medical professional with experience should always be present while an elimination diet is being practised. The patient is required to maintain a chronological record of all foods consumed and any adverse symptoms related to those items in a food/symptom diary. These records may be useful for determining the meal that may have caused an unpleasant reaction, but they are rarely diagnostic, especially when symptoms are slow to appear or infrequent.

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