

New perspectives, advances in management and emerging food allergies

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In this issue of the *Journal of Food Allergy*, a collection of diverse and innovative manuscripts addresses a variety of food allergy-related topics.

Stukus and Prince¹ provide new perspectives surrounding the nuanced relationship between asthma and food allergy. Asthma is associated with many comorbid conditions, particularly along the allergic spectrum, including food allergy. Both asthma and food allergy are heterogeneous conditions and can change over time, which necessitates an individualized approach toward counseling and management. The authors highlight that the long-standing association of increased risk for food allergy fatality in individuals who have asthma is not as straightforward or concrete as previously believed. They note the importance for clinicians to have a good understanding of the evidence surrounding this relationship to participate in shared decision-making and counseling with patients.

Wang *et al.*² report on the importance of patient selection for oral food challenges. The authors emphasize that a detailed clinical history can provide important clues with regard to the likelihood that a reaction may occur and should be combined with patient and family preferences when making decisions about pursuing food challenges. Allergy tests can provide additional supportive information to guide decision-making but do not have sufficient diagnostic accuracy to replace food challenges in most circumstances.

The psychological consequences associated with a food allergy diagnosis are discussed by Greiwe *et al.*³ These can be detrimental to long-term health and quality of life, and can often be observed in the hypervigilance of patients and caregivers surrounding mealtime, limited social interactions with peers, strained familial

relationships, and increased reluctance to travel. The authors note the responsibility of allergists to recognize the difference between adaptive and maladaptive anxiety, and suggest the use of several validated tools that quickly and efficiently help identify patients at risk. The unmet need for a more substantial and easily accessible network of mental health professionals integrated in food allergy treatment centers to provide optimal support and treatment for patients with increased stress and anxiety is also emphasized.

The food protein-induced enterocolitis syndrome (FPIES) is discussed in terms of epidemiology (it is estimated to affect 0.51–0.9% of children and 0.22% of adults in the United States) and approach to diagnosis and management. Nowak-Węgrzyn *et al.*⁴ discuss the natural history of infantile FPIES, which seems to be favorable with the exception of fish FPIES. Seafood FPIES also has low rates of resolution in adults over 3–5 years. Correctly identifying FPIES can be challenging because there are no specific biomarkers for the diagnosis and the constellation of symptoms may mimic those of infectious enteritis or sepsis. Management relies on dietary food avoidance, periodic re-evaluations for tolerance with oral food challenges, and management of acute episodes.

Mack *et al.*⁵ review the ongoing use of milk and egg ladders for non-immunoglobulin E (IgE) mediated and IgE-mediated food allergies. The use of extensively heated milk and egg products and dietary advancement therapies such as milk and egg ladders is becoming increasingly common in multiple areas around the world. The ability to tolerate extensively heated forms of these allergens as an early indicator of developing long-term tolerance is discussed, with limited evidence that supports the acceleration of resolution through extensively heated-milk or egg ingestion. The authors comment that the long-term success and safety of these approaches require further evaluation and that patient selection is crucial for successful outcomes. Protocol standardization, patient preparation, and counseling; determining the optimal age for ladder implementation; quantifying allergenic protein amounts in ladder progression; and improving communication strategies for caregivers and health-care providers are all unmet needs.

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Hellu *et al.*⁶ report on two cases of allergic reaction to garlic and further investigate the relevant allergenic protein. Garlic, or *Allium sativum*, is one of the most commonly used spices worldwide, but a rare cause of IgE-mediated allergy. Alliin lyase has been classified as the major garlic allergen and demonstrated to be heat labile, with some patients with garlic allergy reporting the ability to ingest cooked garlic without symptoms.

On behalf of the Editorial Board, I hope that the comprehensive reviews and diverse perspectives offered in this issue will provide you with practical insights and enhance your knowledge in the relevant food allergy topics.

Aikaterini Anagnostou, M.D., M.Sc, Ph.D.
Editor-in-Chief, *Journal of Food Allergy* (USA)
Professor of Pediatric Allergy

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