

Other implicated foods were: legumes, eggs and gluten. Median time of follow up was 4.3 years (from 0.5 to 9 years). In the follow up a clinical and histological relapses of EoE were assessed in 5 patients (16%) without changes in their treatments.

Conclusion: The majority of our children got a permanent remission with dietary therapies based on an allergological intervention. Milk was the most frequent offending food. There was a small subgroup of patients in whom we failed to find the offending food or when cured returned to have symptoms despite diet.

554

The prevalence of environmental and food sensitization in patients with eosinophilic esophagitis

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Background: Eosinophilic esophagitis (EoE) is a chronic inflammatory disease of the esophagus histopathologically characterized by eosinophilic infiltration into the squamous epithelium and clinically results in symptoms of esophageal dysfunction. The pathogenesis of EoE is poorly understood. EoE has been associated with food allergy, allergic rhinitis, and asthma. The use of allergy testing to identify foods that may be contributing to EoE is controversial, especially in adults. We present data relating to EoE experience in tertiary allergy clinics in four Canadian cities.

Method: We conducted a retrospective chart review from multiple private allergy clinics in Montreal, Ottawa, Quebec City, and Toronto, Canada for patients diagnosed with EoE. Demographics (age, sex), atopic history (food and environmental allergy), skin prick tests (SPT), specific IgE antibody testing, and treatment data were collected and reviewed.

Results: A total of 190 patients (male:female ratio of 2:1, *P* -value< 0.01; 34 ± 17 years) were diagnosed with EoE. 82% of patients had documented biopsy confirmation.

Food sensitization was identified on SPTs in 51% of patients (nuts = 36%, milk = 13%, soy = 12%, seafood = 11%, egg = 10%, wheat = 6%).

Positive SPTs to environmental allergens were detected in 87% of patients

(tree = 68%, grass = 63%, ragweed = 61%, cat = 55%, mould = 34%, dog = 22%, cockroach = 16%).

Most patients had both environmental and food sensitization (47%) or environmental sensitization only (40%). Few had food sensitization only (4%) and some were negative to both food and environmental allergens (9%).

The proportion of EoE patients with environmental sensitization was significantly higher than those with food sensitization (*P* -value< 0.01).

In terms of treatment, information was collected for 66% of patients. Most patients were on an inhaled (swallowed) corticosteroid (78%) or PPI (78%). Some patients were on other treatment (allergen immunotherapy = 23%, montelukast = 17%, antihistamines = 6%, omalizumab = 2%, ranitidine = 1%).

Conclusion: There is a weak correlation between food sensitization and EoE in adult patients. Environmental allergies had a significantly higher prevalence than food sensitization among EoE patients. This data strengthens the association between atopy and biopsy proven EoE. The pathogenesis of EoE remains poorly defined and further prospective studies are necessary.

555

Eosinophilic esophagitis: clinical and allergological descriptive study

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Background: Eosinophilic esophagitis (EoE) is a chronic inflammatory disease characterized by a dense eosinophilic infiltrate limited to the esophagus with immunological aetiology. The objective of this study is to report the baseline clinical and allergological characteristics of a sample of adult patients with EoE.

Method: Adult patients older than 16 years diagnosed with EoE between 2008 and 2013 referred to our outpatient clinic. Skin prick tests (SPT) with a set of foods and inhalant allergens were performed. Total IgE level, eosinophilic cationic protein (ECP) level and eosinophil count were determined.

Results: Thirty-two patients were included (26 male-6 female). Mean age: 38 years (range 16–68). Twenty-two were atopic (69%), allergic rhinitis was the most frequently reported atopic disease followed by food allergy and asthma. The median duration of symptoms before endoscopy was 7 years (range: 3 months-20 years). Dysphagia (81%) was the most prevalent digestive symptom referred by the patients,

followed by impactation (59%) and choking (53%). Mean number of eosinophils/hpf in the biopsy was 82 (range: 20–300). 75% of the patients had positive SPT to aeroallergens, of which 78% were sensitized to pollens. Nineteen patients (60%) had positive SPT to food allergens (34% tree nuts, 32% fruits, 18% cereals and 18% legumes). Peripheral eosinophilia was detected in 60% of the patients (range: 100–1400 eos/mm³). Total serum IgE mean was 429 KU/l (range: 6–3524). ECP was increased (>18 mcg/l) in 26 patients. All patients underwent treatment with fluticasone propionate 500 mcg twice daily over 3 months and 66% of them improved their symptoms.

Conclusion: These findings agree with previous reports in the demographic and clinical data of patients with EoE, which affect mostly middle-age atopic males and manifest with dysphagia and choking.

Further studies should be conducted in order to confirm the potential role of the sensitizations found to pollen and food plant allergens, in EoE development.

556

IgE sensitization to cow's milk in infants with allergic proctocolitis

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Background: Allergic proctocolitis (AP) is a non-IgE mediated food allergy, manifesting with blood-streaked stools in otherwise healthy appearing infants. Skin prick tests (SPTs) and/or serum specific IgE (sIgE) levels to cow's milk (CM) proteins, are typically negative.

Method: Infants with a definite history of allergic proctocolitis were evaluated for IgE sensitization to CM proteins, via SPTs and/or sIgE quantification (ImmunoCAP), firstly at the initial consultation in the Allergy Unit and subsequently at the time before the introduction of CM. Open food challenges (OFC) with CM were performed under physician supervision, in sensitive to CM proteins individuals.

Results: Among 88 infants with AP (54.5% ♀; mean age at AP diagnosis 1.91 ± 1.14 mo; 63.6% breastfed), 11 (12.5%) revealed IgE-sensitization to CM. In 9 out of 11 subjects, IgE-sensitization to CM demonstrated during the baseline assessment (at the age of 8.45 ± 4.06 mo), whereas 2/11 children were sIgE-negative to CM initially and developed sIgE to CM proteins, during the monitoring, after 2 and 5 mo, respectively. All infants were under CM avoidance at the initial evalua-