PP010

Diagnostic approaches to the differentiating food allergies from food intolerances

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Background: Literature reviews showed that FA clinical manifestations on the skin of various degrees of severity related to foods ingestion can arise as a result of a number of disorders and only some of which can be defined as allergic.

Aim: The aim of the research was to identify diagnostic approaches to the differentiating food allergies from food intolerances in children.

Methods: Skin elements were identified in complex with anamnesis data and results of the laboratory data. Hypersensitivity to food was detected by the skin tests (patch and prick), levels of the specific IgE and/or oral challenge test. Gut permeability was identified with 6-h lactulose urinary excretion.

Results: 56 patients (age 1-36 months old) with food allergy with typical allergic symptoms related to food intake were included into the study in the outpatient department. Major part of the parents (67%) couldn't clearly identify the causative product. Only 15 children (26%) had positive specific IgE to milk and/or egg. Skin tests were positive in 10 of the patients (17,8)%. Oral challenge test with milk and/or egg was positive only in 7 children (12,5). Skin lesions vary from urticaria to papulation. Commonly non-immune reactions were nonspecific, not itching and not intense. Nevertheless of the type of the food intolerance mechanism skin dryness was presented in the major part of the patients. Moreover lactulose was detected in urine in 76,7% of cases both in group with immune and nonimmune reactions. There was no association of the lactulose level with type of the skin lesions. But intestinal permeability correlated with skin dryness ($p<0.05$).

Conclusion: The study revealed that gut permeability in children with skin manifestations of food allergy often overlapping with symptoms found in nonimmune disorders such as disorders of absorption. Skin dryness can be its' phenotypical marker. Gut permeability is the purpose for additional dietary corrections in children with FA.