

Selection from International Journals

Nahla M. Heshmat

Professor of Pediatrics, Ain Shams University

World Allergy Organ J. 2024;17(3):100876.

Updated grading system for systemic allergic reactions: Joint Statement of the World Allergy Organization Anaphylaxis Committee and Allergen Immunotherapy Committee.

Paul J Turner, Ignacio J Ansotegui, Dianne E Campbell, Victoria Cardona, Stuart Carr, Adnan Custovic, Stephen Durham, Motohiro Ebisawa, Mario Geller, Alexei Gonzalez-Estrada, Paul A Greenberger, Elham Hossny, Carla Irani, Agnes S Y Leung, Michael E Levin, Antonella Muraro, John J Oppenheimer, José Antonio Ortega Martell, Guillaume Pouessel, Manuel J Rial, Gianenrico Senna, Luciana K Tanno, Dana V Wallace, Margitta Worm, Mário Morais-Almeida; WAO Anaphylaxis Committee and WAO Allergen Immunotherapy Committee.

There is a lack of consensus over the description and severity assignment of allergic adverse reactions to immunotherapy, although there seems to be a consensus at least in terms of using the World Allergy Organization (WAO) grading systems to describe local adverse events for Sublingual Immunotherapy (SLIT) and Systemic Allergic Reactions (SARs) to Subcutaneous Immunotherapy (SCIT) amongst the major national/regional allergy societies. In this manuscript, we propose a modification of the previous WAO Grading system for SARs, which aligns with the newly-proposed Consortium for Food Allergy Research (CoFAR) Grading Scale for Systemic Allergic Reactions in Food Allergy (version 3.0). We hope this can facilitate a unified grading system appropriate to SARs due to allergen immunotherapy, independent of allergen and route of administration, and across clinical and research practice.

Allergy. 2023; 78(12):3057-3076.

EAACI guidelines on the diagnosis of IgE-mediated food allergy.

Alexandra F Santos, Carmen Riggioni, Ioana Agache, Cezmi A Akdis, Mubeccel Akdis, Alberto Alvarez-Perea, Montserrat Alvaro-Lozano, Barbara Ballmer-Weber, Simona Barni, Kirsten Beyer, Carsten Bindslev-Jensen, Helen A Brough, Betül Buyuktiryaki, Derek Chu, Stefano Del Giacco, Audrey Dunn-Galvin, Bernadette Eberlein, Motohiro Ebisawa, Philippe Eigenmann, Thomas Eiwegger, Mary Feeney, Montserrat Fernandez-Rivas, Helen R Fisher, David M Fleischer, Mattia Giovannini, Claudia Gray, Karin Hoffmann-Sommergruber, Susanne Halken, Jonathan O'B Hourihane, Christina J Jones, Marek Jutel, Edward Knol, George N Konstantinou, Gideon Lack, Susanne Lau, Andreina Marques Mejias, Mary Jane Marchisotto, Rosan Meyer, Charlotte G Mortz, Beatriz Moya, Antonella Muraro, Caroline Nilsson, Lucila Camargo Lopes de Oliveira, Liam O'Mahony, Nikolaos G. Papadopoulos, Kirsten Perrett, Rachel L Peters, Marcia Podesta, Lars K Poulsen, Graham Roberts, Hugh A Sampson, Jürgen Schwarze, Peter Smith, Elizabeth Huiwen Tham, Eva

Untersmayr, Ronald Van Ree, Carina Venter, Brian P Vickery, Berber Vlieg-Boerstra, Thomas Werfel, Margitta Worm, George Du Toit, Isabel Skypala

This European Academy of Allergy and Clinical Immunology guideline provides recommendations for diagnosing IgE-mediated food allergy and was developed using the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) approach. Food allergy diagnosis starts with an allergy-focused clinical history followed by tests to determine IgE sensitization, such as serum allergen-specific IgE (sIgE) and skin prick test (SPT), and the basophil activation test (BAT), if available. Evidence for IgE sensitization should be sought for any suspected foods. The diagnosis of allergy to some foods, such as peanut and cashew nut, is well supported by SPT and serum sIgE, whereas there are less data and the performance of these tests is poorer for other foods, such as wheat and soya. The measurement of sIgE to allergen components such as Ara h 2 from peanut, Cor a 14 from hazelnut and Ana o 3 from cashew can be useful to further support the diagnosis, especially in pollen-sensitized individuals. BAT to peanut and sesame can be used additionally. The reference standard for food allergy diagnosis is the oral food challenge (OFC). OFC should be performed in equivocal cases. For practical reasons, open challenges are suitable in most cases. Reassessment of food allergic children with allergy tests and/or OFCs periodically over time will enable reintroduction of food into the diet in the case of spontaneous acquisition of oral tolerance.

World Allergy Organ J. 2023;16(11):100837.

Unanswered questions on the use of biologics in pediatric asthma.

Antonio Nieto, Zeinab A El-Sayed, René Maximiliano Gómez, Elham Hossny, Wang Jiu-Yao, Ömer Kalayci, Mário Morais-Almeida, Wanda Phipatanakul, Paulo Marcio Pitrez, César Fireth Pozo Beltrán, Paraskevi Xepapadaki, Nikolaos G Papadopoulos.

The emergence of biologic therapies for the management of asthma has been a revolutionary change in our capacity to manage this disease. Since the launch of omalizumab, several other biologics have been marketed or are close to being marketed, suggesting that a plethora of monoclonal antibodies can be expected in the coming years. This will facilitate the transition to the paradigm of personalized medicine, but on the other hand will decisively further complicate the choice of the most appropriate treatment, in the absence of reliable enough biological markers. For these reasons, along with the relatively short time of use with these treatments, there are recurrently arising questions for which there are not even moderately documented answers, and for which the only solution must be based, with all reservations, on the combination of indirect evidence and expertise. In this paper, we attempt to address such questions, providing relevant commentaries and considering the whole width of the evidence base.

Ann Allergy Asthma Immunol. 2024 ;132(3):274-312.

Atopic dermatitis (eczema) guidelines: 2023 American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force on Practice Parameters GRADE- and Institute of Medicine-based recommendations

AAAAI/ACAAI JTF Atopic Dermatitis Guideline Panel; Derek K Chu, Lynda Schneider, Rachel Netahe Asiniwasis, Mark Boguniewicz, Anna De Benedetto, Kathy Ellison, Winfred T Frazier, Matthew Greenhawt, Joey Huynh, Elaine Kim, Jennifer LeBovidge, Mary Laura Lind, Peter Lio, Stephen A Martin, Monica O'Brien, Peck Y Ong, Jonathan I Silverberg, Jonathan M Spergel, Julie Wang, Kathryn E Wheeler, Gordon H Guyatt; Patient Groups: Global Parents for Eczema Research; Korey Capozza; National Eczema Association; Wendy Smith Begolka; Evidence in Allergy Group; Alexandro W L Chu, Irene X Zhao, Lina Chen, Paul Oykhman, Layla Bakaa; AAAAI/ACAAI Joint Task Force on Practice Parameters; David Golden, Marcus Shaker, Jonathan A Bernstein, Matthew Greenhawt, Caroline C Horner, Jay Lieberman, David Stukus, Matthew A Rank, Julie Wang, Anne Ellis, Elissa Abrams, Dennis Ledford, Derek K Chu.

Background: Guidance addressing atopic dermatitis (AD) management, last issued in 2012 by the American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force, requires updating as a result of new treatments and improved guideline and evidence synthesis methodology. Objective: To produce evidence-based guidelines that support patients, clinicians, and other decision-makers in the optimal treatment of AD. Methods: A multidisciplinary guideline panel consisting of patients and caregivers, AD experts (dermatology and allergy/immunology), primary care practitioners (family medicine, pediatrics, internal medicine), and allied health professionals (psychology, pharmacy, nursing) convened, prioritized equity, diversity, and inclusiveness, and implemented management strategies to minimize influence of conflicts of interest. The Evidence in Allergy Group supported guideline development by performing systematic evidence reviews, facilitating guideline processes, and holding focus groups with patient and family partners. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach informed rating the certainty of evidence and strength of recommendations. Evidence-to-decision frameworks, subjected to public comment, translated evidence to recommendations using trustworthy guideline principles. Results: The panel agreed on 25 recommendations to gain and maintain control of AD for patients with mild, moderate, and severe AD. The eAppendix provides practical information and implementation considerations in 1-2 page patient-friendly handouts. Conclusion: These evidence-based recommendations address optimal use of (1) topical treatments (barrier moisturization devices, corticosteroids, calcineurin inhibitors, PDE4 inhibitors [crisaborole], topical JAK inhibitors, occlusive [wet wrap] therapy, adjunctive antimicrobials, application frequency, maintenance therapy), (2) dilute bleach baths, (3) dietary avoidance/elimination, (4) allergen immunotherapy, and (5) systemic treatments (biologics/monoclonal antibodies, small molecule immunosuppressants [cyclosporine, methotrexate, azathioprine, mycophenolate, JAK inhibitors], and systemic corticosteroids) and UV phototherapy (light therapy).