

Food Allergies Medication

۱۸ آذر ۱۴۰۰

دکتر بابک قلعه باغی

فوق تخصص آلرژی و ایمونولوژی بالینی




TREATMENT OF A REACTION

For patients with mild reactions

- ▶ localized urticarial
- ▶ oral itch
- ▶ or mild abdominal pain,
- ▶ treatment may be limited to an **oral antihistamine.**

If the patient has systemic symptoms

- ▶ the treatment of choice is self-injectable **epinephrine**
- ▶ administered by **intramuscular** injection
- ▶ in the **lateral thigh**.
- ▶ Epinephrine should likely be administered **to any patient with a history of a severe allergic reaction** as soon as ingestion of the food allergen is discovered and the first symptoms appear (and possibly even before symptoms appear).


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- ▶ Patients **should not depend on** bronchodilators or antihistamines to treat anaphylaxis.
 - ▶ However, antihistamines can be used as additional therapy during an allergic reaction, and a bronchodilator may be used as adjunctive therapy for asthma.
 - ▶ Although corticosteroids are often given for anaphylaxis, they are **not believed to alter the early symptoms**; theoretically, they may reduce late symptoms.





Eosinophil-Associated Gastrointestinal Disorders


EOSINOPHILIC ESOPHAGITIS

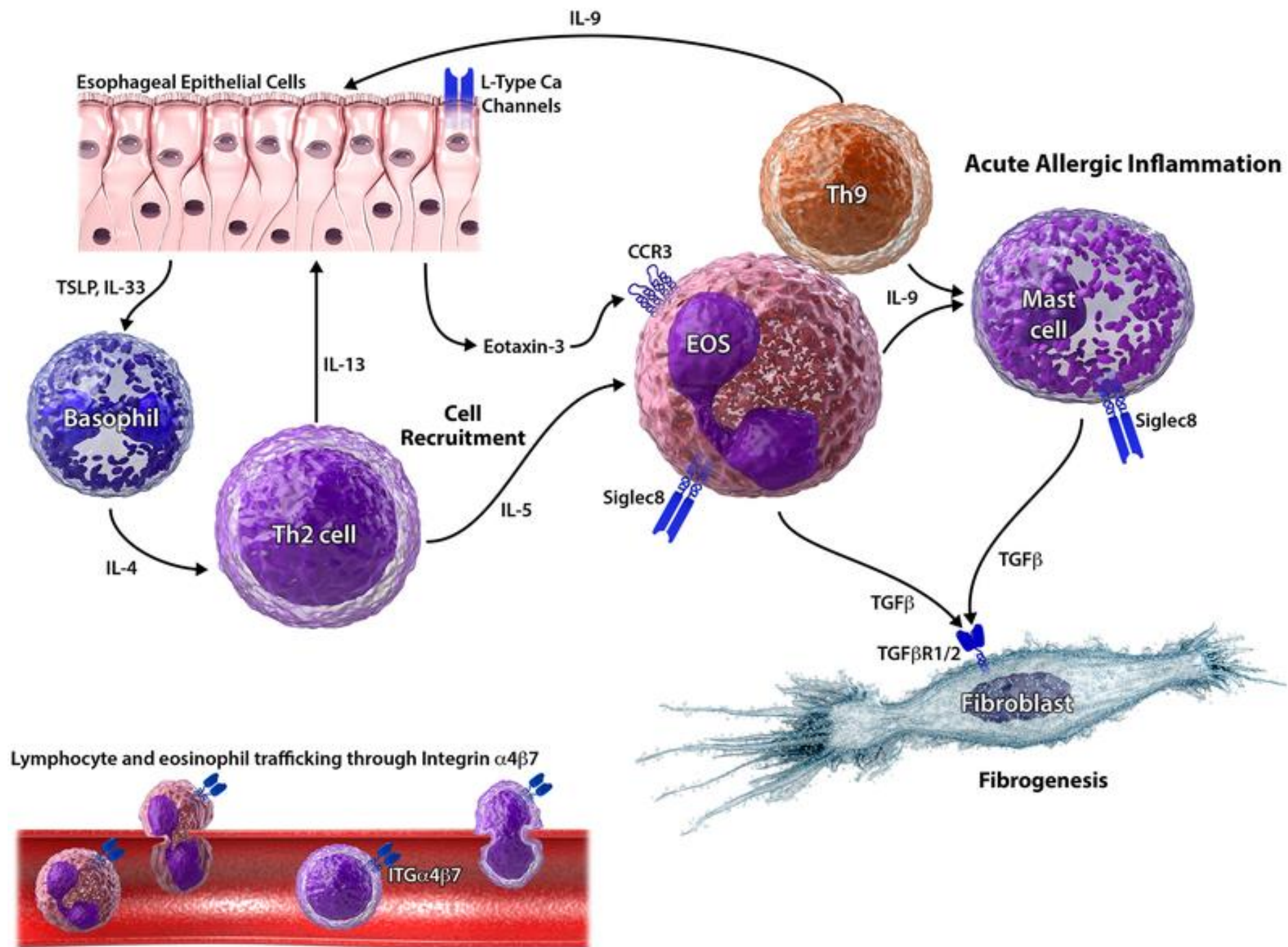
- ▶ **Acid suppression with proton pump inhibitors** (PPI) is not usually effective in relieving symptoms and resolving eosinophilic inflammation in patients with EoE.
- ▶ Therefore PPI therapy should **not be considered as first-line treatment** but instead used as **cotherapy in patients with secondary or coexisting GERD**.

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- ▶ **Systemic and topical corticosteroids** show comparable **effectiveness in resolving signs and symptoms** of active EoE in both children and adults.
 - ▶ As **topical steroids** have fewer side effects, they are recommended **as first-line therapy**.

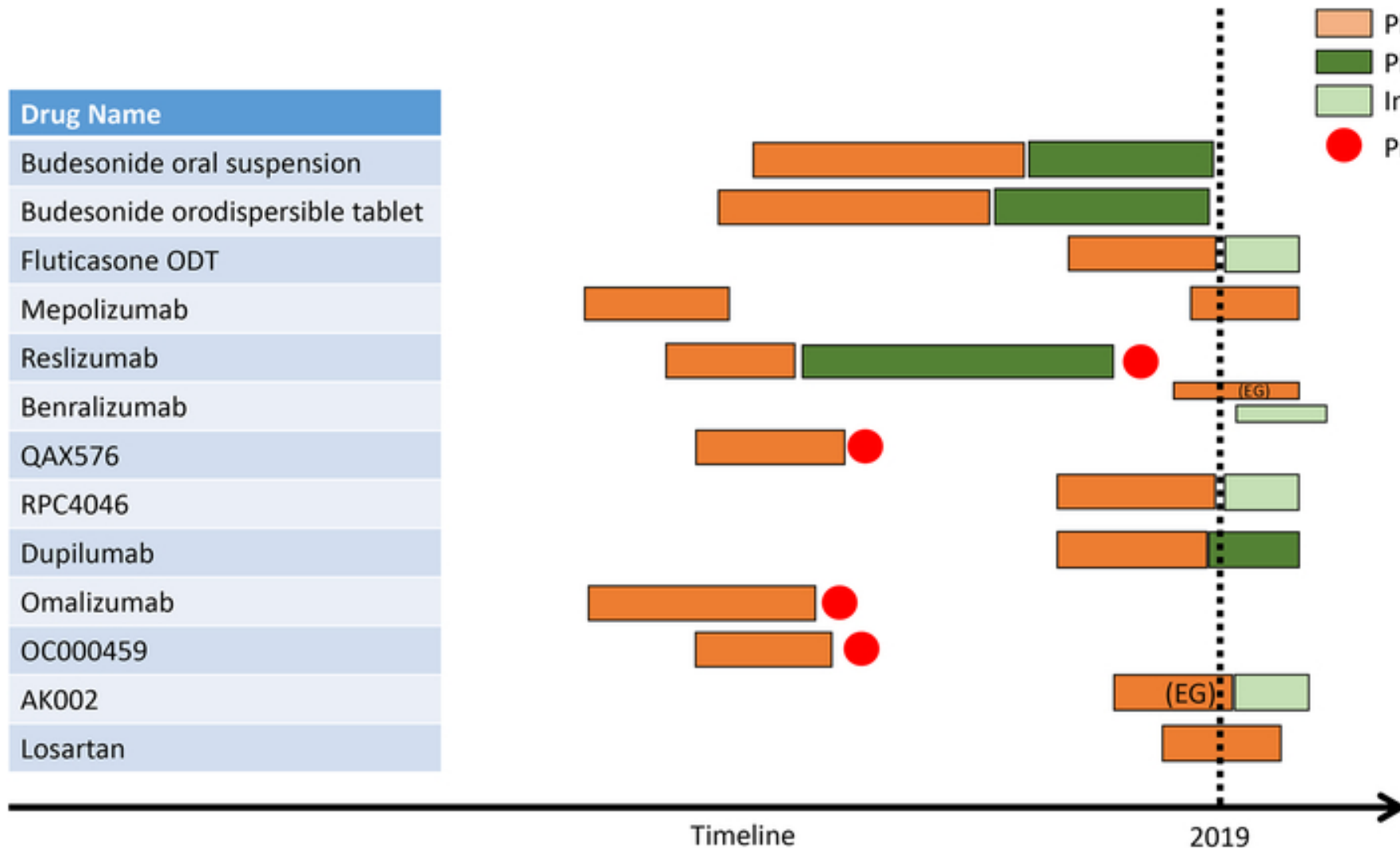
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- ▶ **Short-term use of systemic corticosteroids** may be limited **to emergent cases**, such as dysphagia requiring hospitalization, patients with dehydration due to swallowing difficulties, or patients with symptoms refractory to topical steroids.
 - ▶ **Discontinuation of topical and systemic corticosteroids** is usually followed by **recurrence of the disease within a few weeks**.

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- ▶ **Antiallergic drugs** have been found largely **ineffective** in EoE treatment.
 - ▶ **Cromolyn sodium** has no apparent therapeutic effect,
 - ▶ and although **leukotriene receptor antagonists** have been shown to *induce symptomatic relief*, they do not affect esophageal eosinophilia.

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- ▶ Only limited data are available for targeted therapy with **novel biological agents or immunosuppressants**.
 - ▶ **Biologics** for treatment of EoE may result in symptom and histologic improvement and has the potential to treat disease with minimal side effects.



| Drug Name |
|----------------------------------|
| Budesonide oral suspension |
| Budesonide orodispersible tablet |
| Fluticasone ODT |
| Mepolizumab |
| Reslizumab |
| Benralizumab |
| QAX576 |
| RPC4046 |
| Dupilumab |
| Omalizumab |
| OC000459 |
| AK002 |
| Losartan |



Eosinophilic Gastritis and Gastroenteritis

Glucocorticoids

- ▶ Glucocorticoids are the **mainstay treatment** for eosinophilic gastroenteritis.
- ▶ The dose of steroids **should be tapered quickly over two weeks**.
- ▶ **The goal of the tapering dose of steroids is to treat severe symptoms, not tissue eosinophilia** because fibrosis is comparatively less common than eosinophilic esophagitis.



Other Therapies

Based on the case reports, other therapies include:

- ▶ **Leukotriene inhibitors** (montelukast)
- ▶ **Mast cell stabilizers** (oral cromolyn)
- ▶ **Interleukin- 5 inhibitors**
- ▶ **Ketotifen**
- ▶ **Immunosuppressive drugs**
- ▶ **Biological agents** include vedolizumab, mepolizumab (anti-interleukin 5 antibodies) and omalizumab (anti-IgE monoclonal antibody).

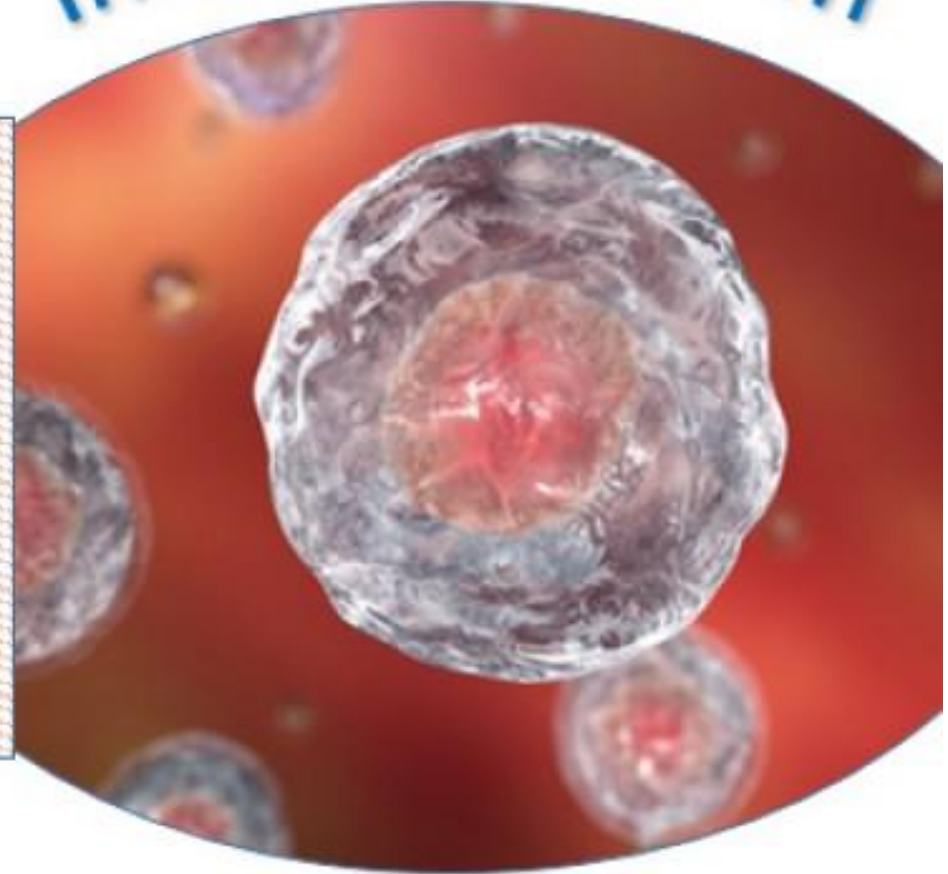
Hypereosinophilic Syndromes (HESs)

- ▶ **Corticosteroids** (except for *PDGFRA*-associated HESs)
- ▶ **Cytotoxic agents** (hydroxyurea, vincristine, and chlorambucil) in corticosteroid refractory patients
- ▶ **Interferon-α** (in patients with mucosal ulcerations)
- ▶ tyrosine kinase inhibitor **Imatinib** mesylate (for ***PDGFRA*-associated** HESs) cause *prolonged remission*

Microbiome



Immune system





از توجه شما سپاسگزارم

