

# Difficult Cases Panel Discussion

# FPIES and IgE Sensitization

- Peanut-associated FPIES at 8 months of age
  - Repetitive vomiting 2 hours after ingestion on several occasions
  - Peanut IgE 0.21, Ara h 1 0.36, Ara h 2 0.61 and Ara h 6 0.49.
- 3 years of age
  - Peanut SPT 15x20mm
- Now 4 years of age
  - sIgE peanut 2.4, ara h1 0.14, ara h2 1.55, ara h3 <0.1, ara h6 2.77, ara h8 <0.1, ara h9 0.23
- Consider SLIT?

# Severe Cashew Anaphylaxis

- Age 7 months
  - Facial urticaria with peanut butter
  - Peanut IgE 24, Ara h2 24.6
  - Annual recheck of peanut IgE showed 11, 9, and most recently 3
- Two months ago ate ~50mg cashew protein
  - Generalized urticaria, angioedema, vomiting, O2 sat in the low 80's
  - IM epi x 3, intubated, epi drip over night
  - Cashew IgE >100
  - Peanut IgE 6.89, Ara h2 7.33, Ara h6 4.57
- What is the best next step for peanut?
- What is the best next step for cashew
  - OIT vs SLIT
  - First dose(s) in the office or in the hospital?

# Baked Egg During OIT Escalation

- Patient is currently escalating egg OIT and has tolerated 4mL of liquid egg white
- Parents would like to add baked egg products to her routine diet
- At what point during egg OIT escalation, if any, can baked egg be added to the diet?

# SLIT After EoE

- 5 yo developed delayed vomiting after reaching 3g peanut protein
- Vomiting persisted after reducing the peanut dose 1g
  - PPI added
  - Peanut dose reduced to 300mg
- Persistent vomiting
  - Discontinued peanut
  - EGD confirmed EoE
- SLIT?
  - Maximum SLIT dose?

# OIT “Reactions”

- 15 yo female receiving egg OIT – current dose 0.07mg egg white protein
- Frequent abdominal pain
- On updose days
  - Severe fatigue, muscle and body aches, and even some chills
  - Sleeps 2-3 hours post dose
- Highly motivated patient and family
- Best next step?

# Pregnancy

- Peanut OIT maintenance for two years
  - Stopped escalation at 8 peanuts because she had no desire to eat peanuts
  - Maintenance 2 peanuts daily
  - sIgE >100, ara h2 >100, sIgG4 21.4
- Now six weeks pregnant

# Repeated Reactions

- 15 yo female with multiple food allergies
  - Egg SPT 12mm, sIgE 10.6 total IgE 1731
- Egg OIT monotherapy
- ETRs
  - Two episodes at 111mg egg white protein
  - One episode at 94 mg egg white protein
  - Reactions occur within 10 minutes of dosing
- Dosing
  - Morning or mid-day
  - Robust snack
  - No physical activity



# To Treat or Not To Treat?

- 9-month-old male develops mild urticaria when given ½ tsp of peanut butter
- SPT 5mm, sIgE 1.5, ara h2 0.75, total IgE 8
- What is the best next step?

# Oral Food Challenges - Window

- Low-dose tolerant patients identified by history or low positive testing
- How high should our OFC go?
  - 100 mg protein
  - 300 mg
  - $\geq 4$  gms??
- SDM upfront – just curious about safety or want to eat it?

# OFC Primed Food Allergy – Windom

- 6 y.o., had tolerated peanut butter prior to 2.5 y.o. when PB&J caused perioral hives
- Baseline testing
  - SPT 7/30mm
  - sIgE 2, peanut components – 0
- OFC at age 6
  - Mild abdominal pain last dose (2 g peanut protein, cumulative 3 g)
  - Told to eat 2-3 peanuts most days
- Four months post-OFC
  - sIgE 5, then annually 6 - - 14 - - 44
  - Total IgE annually 543 - - 1352 - - 1849

# OFC Primed Food Allergy – Windom

- 5 yo, never eaten peanut
- Baseline testing
  - SPT 10/25
  - sIgE 4, ara H2 0.0. total IgE 59
- OFC negative (1.25 gm peanut protein, cumulative 2.25)
  - Told to eat 2-3 peanuts a few days a weeks
  - Within 2 weeks vomited 2 days in a row
  - Peanut stopped, few days later licked PB – vomited, cleared throat with eating for few weeks
- One month post challenge
  - Peanut sIgE 29, annually 74 - - 88

# Possible Discussion Topics

- To treat or not to treat
  - EoE
  - High Anxiety
  - Psychological problems under treatment
  - Low risk patient OFC or just avoid
  - OITAdvisor case of peanut IgE
- increasing after reaction at top dose