

SUNIL RATHI AND \*RAJESH GUPTA

Department of Pediatrics,  
RD Gardi Medical College,  
Ujjain, MP, India.  
\*drrajesh93@gmail.com

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## Severe Anaphylaxis to Egg at Two Months of Age

Egg allergy accounts for 7% of anaphylaxis in children [1]. We report the case of an infant with egg anaphylaxis at 2 months of age, who recovered by age of one year.

During the first month, this infant vomited immediately after a teaspoon of scrambled egg on two occasions. The third time, at two months of age, he rapidly developed anaphylaxis after an egg-based feed: urticaria, edema of the ears, dyspnoea, wheezing, grunting, laryngeal edema, and delayed refill time. Intramuscular epinephrine and hydrocortisone, inhaled oxygen, and intra-osseous fluids were provided. Symptoms rapidly improved with therapy.

At that time, the serum level of tryptase was 1 ng/mL; total and specific serum IgE (KUA/L) to ovalbumin were 9 and 1.08, respectively. One month after he was tested for egg allergy at our unit: total and specific IgE to ovoalbumin were 7 and 0.19, respectively. He was again evaluated at 12 months: specific IgE to egg were 17 and egg recombinants were 0.16, 0.01, 0.18 and 0.01 for Gald1, Gald2, Gald3, Gald4, respectively. At 14 months of age, the child tolerated a whole raw egg during an open challenge [2].

General advice for complementary food introduction is based on the possible existence of a window of immunological opportunity for natural tolerance. In this

infant, egg was introduced very early in comparison to other cases reported so far (two fatalities to egg at 3 months and 2 years) [3]. This is the youngest patient with anaphylaxis to egg reported so far.

The immune system is able to react to allergens through an IgE mediated mechanism at a very early age. Consequently, a premature intake of egg can be dangerous. According to the current recommendations [4,5], egg proteins should not be introduced at a very early age nor should their introduction be postponed for too long.

FRANCESCA MORI AND \*SIMONA BARNI

Allergy Unit, Department of Pediatric,  
Anna Meyer Children's University Hospital,  
Florence, Italy.  
\*simonabarni@hotmail.com

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