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REFERENCES

1. Bock SA, Cherrington L. Oral food challenges in a practice setting apart from hospitals and academic centers. *J Allergy Clin Immunol* 2012;129:1422.
2. Lieberman JA, Cox AL, Vitale M, Sampson HA. Outcomes of office-based open food challenges in the management of food allergy. *J Allergy Clin Immunol* 2011;128:1120-2.

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Food allergy diagnostic practice in Italian children

To the Editor:

The recently published letter on the anonymous survey on the practices of oral food challenges (OFCs) among allergists in the United States revealed that 69.9% of allergists perform 1 to 5 OFCs per months and that open nonblinded challenges are most commonly performed (87.6%).¹

We have investigated the common diagnostic approaches for food allergy (FA) in Italian children. A nationwide multicenter observational study was planned in collaboration with family pediatricians who care for children up to 14 years of age in the Italian Public Health System. Using the Italian public registers of family pediatricians, we randomly selected 3 physicians in charge of at least 800 subjects and with at least 10 years of experience for every Italian region. These physicians were invited to participate by means of an e-mail invitation, including an explanation of the aims and modalities of the study. Data were collected through a written questionnaire sent by e-mail.

Questions were about the total number of children in care by the pediatrician and of patients affected by FA. For each patient with FA, the adopted diagnostic workup for the diagnosis of FA was collected: (1) clinical history plus FA screening tests (eg, skin prick tests, specific IgE concentrations to dietary allergens, and atopy patch tests); (2) clinical history plus FA screening tests plus response to the elimination diet; and (3) clinical history plus FA screening tests plus response to the elimination diet plus results of OFCs. All questionnaires were assessed by 3 experienced

pediatric allergists at the coordinating center. Forty-four of 60 physicians who received the questionnaire provided full clinical data. The whole studied population consisted of 41,958 children. A diagnosis of FA was reported in 322 (0.8%) children (158 boys; median age, 49.9 months; age range, 2-164 months), and the median age at symptom onset was 12.3 months (range, 2 days to 124 months). The prevalence of reported FA in the first 3 years of life was 3.2%. A full correct diagnostic workup, including the evaluation of clinical history, results of sensitization tests, and responses to the elimination diet and OFCs, was adopted in only 30.1% (Fig 1).

The diagnosis of FA is frequently incomplete, incorrect, or self-reported,²⁻⁵ and we found that a correct diagnostic workup, as confirmed by using OFCs, was adopted in only a minority of cases. According to these data, we were able to obtain a confirmed diagnosis of FA in only 0.9% of the Italian pediatric population in the first 3 years of life. As suggested by Pongracic et al,¹ there are various potential factors contributing to the limited evaluations in the majority of children with suspected FA; these include lack of training and procedure reimbursement.

The issue is pressing because a large number of suspected FA diagnoses could be incorrect, leading to unnecessary elimination diets and increased economic and social costs. Our data underscore the necessity of better knowledge and use of optimal diagnostic procedures for FA in pediatric clinical practice.

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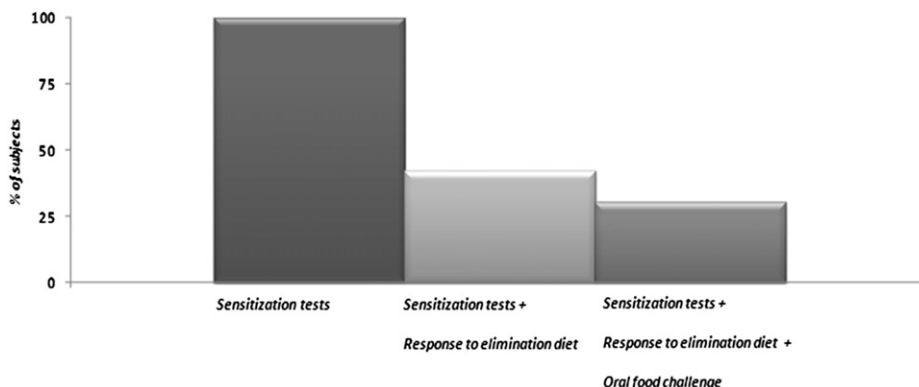


FIG 1. Diagnostic tools used in the study population for children with a suspected clinical history of food allergy.

REFERENCES

1. Pongracic JA, Bock SA, Sicherer SH. Oral food challenge practices among allergists in the United States. *J Allergy Clin Immunol* 2012;129:564-6.
2. Branum AM, Lukacs SL. Food allergy among children in the United States. *Pediatrics* 2009;124:1-7.
3. Martelli A, Bouygue GR, Isoardi P, Marelli O, Sarratud T, Fiocchi A. Oral food challenges in children in Italy. *Allergy* 2005;60:907-11.
4. Eller E, Kjaer HF, Host A, Andersen KE, Bindslev-Jensen C. Food allergy and food sensitization in early childhood: results from the DARC cohort. *Allergy* 2009;64:1023-9.
5. Boyce JA, Ass'ad A, Burks AW, Jones SM, Sampson HA, Woods RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol* 2010;126(suppl):S1-58.

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Correction

With regard to 2012 AAAAI Annual Meeting abstract 576, "Hypovitaminosis D is Very Frequent but not Associated with Asthma Control in a Low-Income Pediatric Population Seen in an Allergy and Immunology Clinic" (*J Allergy Clin Immunol* 2012;129:AB153), several coauthors were not listed in the published version. The authors are F Neagu, K Lindgren, M Merchant-Uddin, and B Yu, from Rush University Medical Center and John H. Stroger Jr Hospital of Cook County, Chicago, Illinois.