

WHEAT ALLERGY

A rising problem in the Asia-Pacific



Punchama Pacharn, MD
Pakit Vichyanond, MD
Department of Pediatrics,
Siriraj Hospital, Mahidol University
December 6 2012

Outline

- Wheat as a common food allergen
- Epidemiology of wheat allergy
 - Age
 - Varying manifestations
- Diagnosis of wheat hypersensitivities
- Difficulty in management
- Tolerance to wheat

Food allergy

- Food allergies affect 6% of young children
- Eight major causative foods: eggs, milk, soy, peanuts, seafood and wheat




Figure 1: The "Big Eight" Allergens: Tree Nuts, Peanuts, Soy, Egg, Milk, Fish, Wheat and Shellfish.

Causative food of immediate type food allergy

US.


- 1) Milk
- 2) Egg
- 3) Peanut

Liu et al. J Allergy Clin Immunol 2010;126:798-806

Japan

- 1) Egg
- 2) Dairy product
- 3) **Wheat**

Urisu et al. Allergy International 2011;60: 221-236



Immediate-type food allergy in Japan

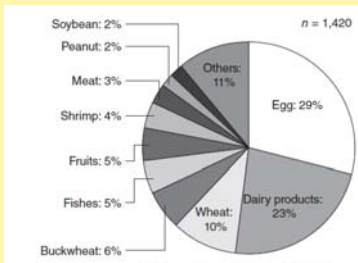


Fig. 1 Causative foods of immediate-type food allergy (national surveys by the Ministry of Health and Welfare during 1998-1999).

Urisu et al. Allergy International 2011;60: 221-236

Immediate-type food allergy in Japan


	0 year (n = 416)	1 year (n = 227)	2-3 years (n = 289)	4-6 years (n = 140)	7-19 years (n = 207)	>20 years (n = 131)
No. 1	Egg 47.4%	Egg 30.4%	Egg 30.8%	Egg 25.0%	Buckwheat 14.0%	Seafood 16.0%
No. 2	Dairy products 30.8%	Dairy products 27.8%	Dairy products 24.2%	Dairy products 24.3%	Shrimp 13.0%	Shrimp 14.5%
No. 3	Wheat 9.6%	Wheat 8.4%	Wheat 12.1%	Wheat 8.6%	Wheat 10.6%	Buckwheat 12.2%
Total	87.8%	66.6%	67.1%	57.9%	37.6%	42.7%

Urisu et al. Allergy International 2011;60: 221-236




Wheat Allergy - epidemiology

- In 2 studies from UK and 1 from Germany positive wheat challenges were seen in 0.5% of children (*Zuidmeer JACI et al 2008*)
- In Finland wheat allergy was physician-diagnosed in 0.9% of children aged 1-4 YRS (*Pyrhonen et al PAI 2009*)
- In Japan estimated prevalence of wheat allergy to school children = 0.2-0.4% (*Imai 05 and Urisu 11*)



Manifestations

- IgE-mediated immediate symptoms (minutes to 2 hrs after ingestion)
 - Skin: urticaria, angioedema
 - Resp: wheezing
 - GI: vomiting, abdominal pain
 - systemic anaphylaxis
 - Atopic dermatitis
- Delayed reactions: include gastrointestinal symptoms and worsening of atopic dermatitis
Palosuo K. Update on wheat hypersensitivity. Curr Opin Allergy Clin Immunol 2003; 3: 205-9.



Symptoms of wheat allergy among 103 patients at Johns Hopkins

Reaction type	No. (%) of patients
Symptoms at presentation (N = 103)	
Skin (except eczema)	31 (30)
Eczema	23 (22)
Gastrointestinal	12 (12)
Lower respiratory tract	11 (11)
Upper respiratory tract	4 (4)
Oral erythema	3 (3)
No exposure or unclear history	42 (41)
Symptoms with unintentional exposures (N = 88)	
Skin (except eczema)	51 (58)
Eczema	8 (9)
Gastrointestinal	12 (14)
Lower respiratory tract	36 (41)
Upper respiratory tract	11 (13)
Oral erythema	4 (5)
Anaphylaxis ^a	40 (45)

^a Two or more body systems or lower respiratory tract involvement.

Keet et al. RA. Ann Allergy Asthma Immunol.2009;102(5):410-415

A Thai boy, 9-year-old

CC: rash and drowsiness after exercise 5 days PTA
 PI: 3 years PTA- rash and dyspnea after exercise
 1 year PTA- rash and fainting after exercise → admitted ICU
 5 days PTA- rash, dyspnea, drowsiness → admitted ICU

- PH: No history of atopic diseases, no history of food allergy


Physical examination
 V/S- stable
 Other systems- Within normal limits

Provisional diagnosis
 Exercise induced anaphylaxis

Challenge protocol

Day	Type of challenge	Result
1	Exercise	Negative
2	Wheat	Negative
3	Pizza then exercise	Anaphylaxis

Skin prick test:
 Histamine: 8X6 mm
 Wheat: 10X6 mm
 Pizza: 5X5 mm



Wheat-dependent, Exercise-induced Anaphylaxis in Thai Children

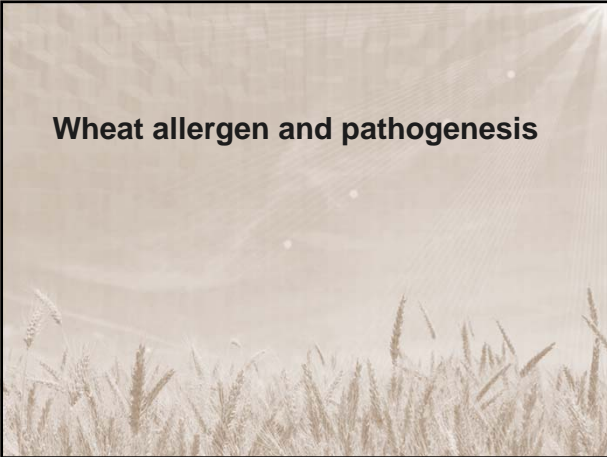
Table 1 Clinical characteristics of the patients

Patient no.	Age (years)	Sex	Age at onset (years)	No. of attack/year	Atopic history	
					Personal	Family
1	8	Male	5	2	AD, AS	AR (M*)
2	14	Male	14	4	No	No
3	10	Male	9	4	No	No
4	12	Male	7	10	No	No
5	11	Female	10	1	No	No


Table 2 Causative food, symptoms and signs of anaphylaxis and onset of symptoms after food ingestion

Patient no.	Foods	Symptom and sign				Duration after food ingestion (minutes)
		Skin	Respiratory	GI	Hypotension	
1	Bread, Macaroni	Y	Y	N	N	15
2	Pizza	Y	Y	Y	N	30
3	Pizza, bread	Y	Y	N	Y	30
4	Cracker	Y	Y	N	Y	10-30
5	Bread	Y	N	Y	Y	30

Y, yes; N, no. Pacharn P, et al. APJAI (2009) 27:115-120



Wheat allergen and pathogenesis



Wheat protein

- ▣ **Albumins:** water-soluble
- ▣ **Globulins:** salt-soluble
- ▣ **Gladians:** ethanol-soluble
- ▣ **Glutenins:** alkali/acid-soluble

} **Gluten**

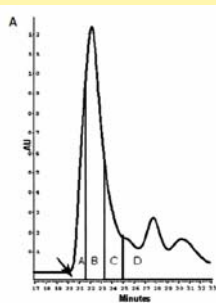
ω-5 gliadin (Tri a 19): major allergen in Wheat-dependent, exercise-induced anaphylaxis

Pathogenesis

Wheat-dependent, exercise-induced anaphylaxis

- 📌 IgE-mediated hypersensitivity
- 📌 Most of patients: positive result for skin prick test and RAST test for wheat.
- 📌 Exercise → enhance absorption of allergen?

Whole peptic digest of ω -5 gliadin



A

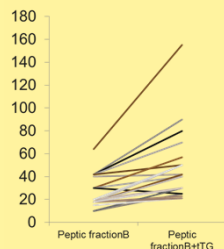
Before		After	
kD	A B C D	kD	A B C D
97		200	
66		97	
46	■ ■ ■ ■	66	■ ■ ■ ■
30		46	
22		30	
		22	

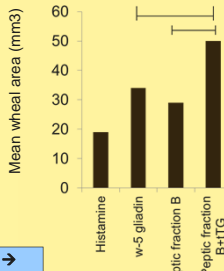
Tissue transglutaminase (tTG)

- Enzyme in gut epithelium
- Released and activated after stress-like condition
- Forming complex with digested gliadin

Palosuo, et al. J Allergy Clin Immunol 2003;111:1386-92

SPT to peptic fraction B of ω -5 gliadin

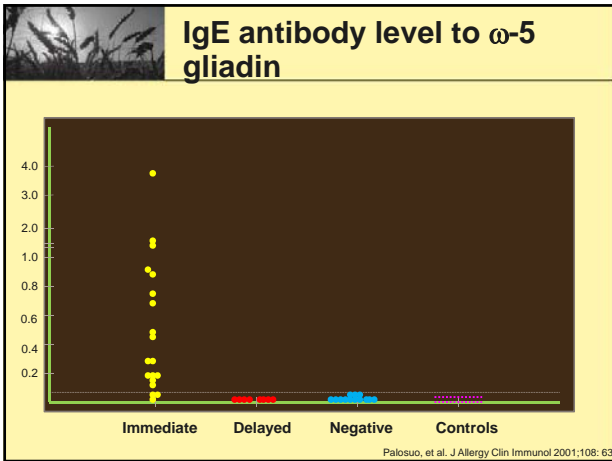




Substance	Mean wheal area (mm ³)
Histamine	~20
w-5 gliadin	~35
peptic fraction B	~30
Peptic fraction B+tTG	~50

- Digested gliadin forms peptide →
- Cross-linked to tTG → HMW complex
- Strong binding serum IgE Ab


Palosuo, et al. J Allergy Clin Immunol 2003;111:1386-92





History

- ❖ Wheat is hidden in various kinds of food.
- ❖ Food labeling is neglected by sellers and customers
- ❖ Sometimes need more than one factor to trigger symptoms



ข้าวเหนียวหุงสุก	300 ก.
ไข่ขาว	25 ก.
ไข่แดง	2,400 ก.

ส่วนผสม (ใช้เฉพาะที่ คัดสรร) : ไข่แดง = ๒ ; ไข่ขาว = 4 ; แป้งสาลีชนิด ๑

ส่วนผสมโดยปริมาตร : ไข่แดง 62% แป้งสาลีชนิด ๑ ๓๖% ไข่ขาว ๒%

ส่วนผสมโดยปริมาตร 6% แป้งสาลีชนิด ๑ และส่วนผสมอื่น ๆ

ใช้กับผลิตภัณฑ์ขนมหวาน-สีน้ำตาล (ดูข้อมูล)

โปรดดูที่ ส่วนผสม (ดูบนซอง)

ติดต่อ: บริษัท...

Diagnosis: RAST

	Sensitivity	Specificity	PPV (%)	NPV (%)
Wheat CAP RAST (>26 KU/L)	61%	92%	74%	87%
Wheat CAP RAST (>100KU/L)	13%	100%	100%	76%

Sampson HA. J Allergy Clin Immunol 2001;107:891-6

Predictive capacity

	Sensitivity	Specificity	PPV (%)	NPV (%)
ω -5 gliadin ELISA (>0.04 AU)	84%	100%	100%	88%
Wheat CAP RAST (>0.35 KU/L)	95%	67%	72%	93%
Wheat SPT wheal Diameter (3mm)	89%	71%	74%	88%

Palosuo, et al. J Allergy Clin Immunol 2001;108: 634-8

ω -5 gliadin level and wheat allergy

All

Condition	Percentage (%)
Erythema urticariae	80
Acne	35
Cough	25
Wheezes	15
Gastrointestinal symptoms	10
Nasal allergy	10
Oral allergy	10
Anaphylaxis	5

a

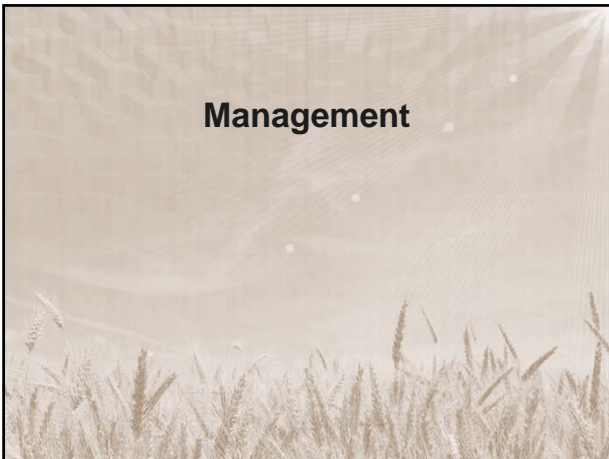
ω -5 gliadin: IgE antibody concentration (kU_A/l)

Probability (%)

--- ≤ 1 year (n = 291)
 --- > 1 year (n = 20)
 --- All patients (n = 311)

≤ 1 year: risk 5.4 fold
 > 1 year : risk 2.5 fold

Ebisawa, et al. Int Arch Allergy Immunol2012;158:71-76



Management

🚫 Wheat avoidance!!!

The image block contains a yellow background with the title 'Management' in bold black text. Below the title is a red icon of a wheat stalk followed by the text 'Wheat avoidance!!!'. There are three small images: a child crying, a cake, and a box of donuts. A large red 'X' is drawn over the donut box.

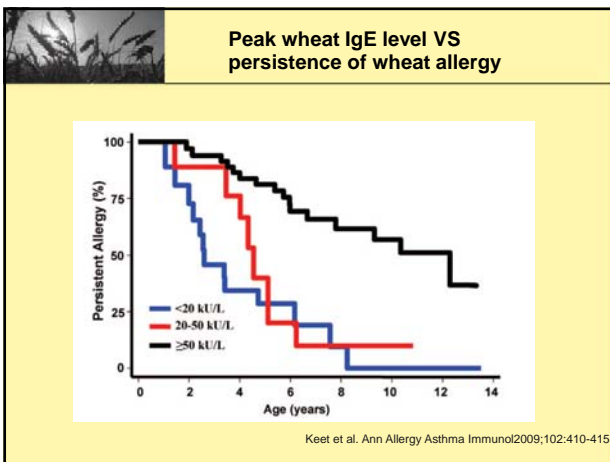
Management

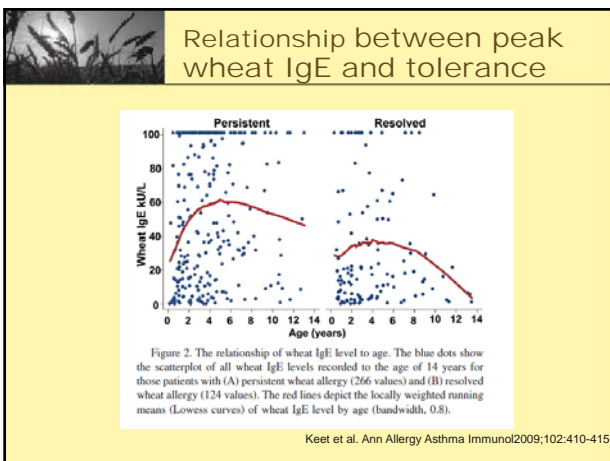
- 🚫 **Wheat-dependent, exercise-induced anaphylaxis**
 - 🚫 Avoidance of exercise ~ 4Hrs after wheat ingestion.
 - 🚫 Avoidance of wheat after intake of aspirin and COX-1 inhibitors
 - 🚫 Education, e.g., Epinephrine injection, reading food labels


Natural history

- Retrospective review of 103 children with IgE-mediated wheat allergy
- Age at initial visit 11-42 months
- Male 66%
- Associated atopic hx
 - Eczema 87%, Asthma 67%, Allergic rhinitis 60%
- Family history of atopy 75%
- 63% underwent food challenge

Keet et al. Ann Allergy Asthma Immunol 2009;102:410-415








Natural history

- ❏ 28 children in Finland
- ❏ Age <1 to 8 months
- ❏ **75% had IgE-mediated wheat allergy by SPT to wheat and gliadin**
- ❏ 25% had nonIgE-mediated wheat allergy
- ❏ Milk allergy 60%
- ❏ Anaphylaxis to milk (2) egg (2)

Kotaniemi-Syrjanen, et al. Pediatr Allergy Immunol 2010;21:e421-e428




Natural history

Age (years)	Tolerance
4 years	59%
6 years	69%
10 years	84%
16 years	96%

Gliadin SPT ≥ 5 mm: median age of tolerance = 4.61 years
 Gliadin SPT < 5 mm: median age of tolerance = 3.65 years


* Gliadin SPT ≥ 5 mm associated with slow recovery (p=0.019)

Kotaniemi-Syrjanen, et al. Pediatr Allergy Immunol 2010;21:e421-e428




Specific oral tolerance induction (SOTI)

- **Indication:**
 1. Severe reactions to food proven by challenge
 2. History of accidental exposures recently
 3. **Unable to avoid food on daily life**
 4. Age limit beyond natural acquisition of tolerance to particular food




Specific Oral Tolerance Induction (SOTI)

- Thai boy 4 year-old
- Repeated episodes of anaphylaxis from wheat since 9 months of age
- SPT for wheat wheal = 6X5 mm
- sIgE for wheat >100kUA/L
- Never ate any thing out of the home-cooked food
- 3 episodes of wheeze, turning dusky, hypotension in the last year




Wheat anaphylaxis in a Thai boy

- Parents requested something to be done other than avoidance
- Specific tolerance induction – carried out
- Provocative dose = 300 mg
- Start SOTI from 150mg
- 1st admission – passed @ dose 500mg
- 2nd admission → passed @ dose 10 gm




Specific Oral Tolerance Induction (SOTI)

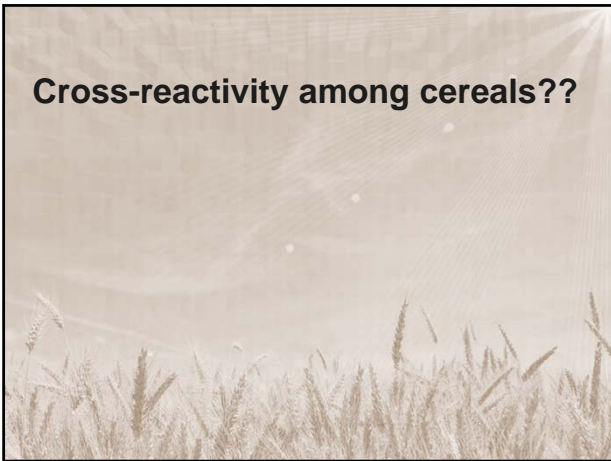
	sIgE for wheat (kAU/L)	α-5 gliadin (kAU/L)
Before SOTI	518	37.8
1 month after SOTI	325	25.1



15 gm/piece



40 gms/pack

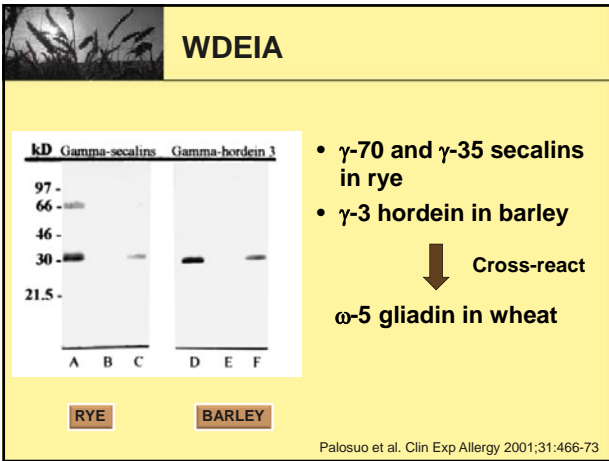


Cross-reactivity among cereals??

Cereals

- Wheat
- Rye
- Barley
- Oat

Ovaltine
Corn flakes Honey
Barley
Wheat
Corn flakes original
Coix cooked
Coix raw
Milo



Conclusion

- ❏ IgE mediated allergy from wheat is becoming an alarming problem around the world
- ❏ Varieties of presentation with wheat allergy
- ❏ Lack of diagnostic parameter
- ❏ Avoidance can be very tough
- ❏ Development of tolerance may be the solution

Thank you
