Summary and Conclusions

Food hypersensitivity is one type of adverse reaction involving immune system but food intolerance conditions mediated with non-immunologic pathogensis. The incidence varies due to genetic differences among population groups, diagnostic criteria, and feeding habits. Human fetus acquires maternal IgG via placenta and intestinal uptake of secreoty IgA after breast feeding. Adaptive immunity at mucosal surfaces in children and adults is mainly exerted by local production of seretory IgA antibodies which represent by far the most important humeral immune system.

Macromolecular absorption, intestinal antigen handling, the local intestinal secretoy immune reaction and developmental aspects of mucosal immunity are important factors involved in the development of physiologic and pathologic immune reaction to antigens ingested during infancy and childhood. Food is composite of thousands of different molecules including nutrients as well as potentially antigenic molecules.

Antigen involved in allergic reaction are called allergens. The most important food commonly known to produce allergic reactions are eggs followed by milk. Intestinal manifestations of food allergy are the predominant symptoms of food allergy but food can also induced extra-intestinal manifestations as systemic reactions or symptoms related to skin, respiratory tract central nervous system, urinary tract vascular system and joints. Intestinal manifestations include colic, vomiting, diarrhea, malabsorption syndrome, protein losing enteropathy syndrome, G.I.T bleeding, milk induced colitis and constipations. The diagnosis of adverse food reactions begins with medical history and physical examination. Laboratory test may be useful especially in some cases

with immediate reactions. Wide variety of gastrointestinal disorders may have symptoms suggestive of food hypersensitivity such as enzyme deficiencies, cystic fibrosis, gastroenteritis, parasitic infestations.

Pharmacological treatment for patients with food allergies is indicated when symptoms continue despite best efforts to maintain an allergen free diet. Medications include antihistaminics, corticosteroids, oral cromalyn, prostaglandins synthtase inhibitors and ketotifen. Oral immunological tolerance may be described. Any preventing program are multiple including heredity and environmental exposure.

The prevention includes allergen avoidance during infancy, detection of cord blood IgE level. Breast feeding of baby and late introduction of highly allergenic foods have long been advanced as means to prevent allergy in the baby especially in families with strong genetic property for allergy.