Management of egg allergy in the UK: are we the “Eggs-perts”?
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Background: Food allergy is common, its prevalence in childhood is estimated at between 3-7% with rates increasing. Egg allergy is one of most common food allergies in infancy with a prevalence confirmed by challenge estimated at 1.6% at 2.5 years of age.

Aims: To assess the current management of possible egg allergy within the Midlands against national guidelines. Current trends in investigating possible co-existing nut allergy were also considered.

Methods: We retrospectively looked at cases of possible egg allergy from 2011-2015. 12 large centres from the Midlands participated.

Results: Data from a total of 91 cases were submitted. There were a greater proportion of males (68%) the majority of cases presented between 2-5 years of age with the first possible episode at between 7-12 months. Co-existing food allergies are outlined in Table 1. Atopy was common; see Table 2.

In type 1 reactions skin prick testing (SPT) was carried out in 83% with the remaining cases having Ig E testing. Most cases used a positive SPT cut off of >3mm however some centres were using >7mm. Results are shown in Table 3. In type 2 reactions Ig E testing was used as first line in 30%; 70% were using >5mm as a positive cut off, results are in Table 4.

All families were given verbal advice about their potential allergy, 78 were given written advice. All were given an emergency antihistamine and 86% of children were given a personalised management plan. An adrenaline auto-injector was given in 23 cases. When required, a dietician referral was not made in 5 cases. 25 cases were followed up, 6 cases were tolerating egg most commonly at around 10-18 months of age.
31 of the children had SPT to nuts, 75% had a result >3mm all of whom were told to avoid nuts, see Table 5.

**Conclusion and Discussion:** Variation in our approach to investigating egg allergy exists in the Midlands. We are utilising SPT better in type 1 compared to type 2 reactions again with appropriate positive cut off’s in type 1 reactions compared to type 2. Referral to dieticians should be considered in children with multiple food allergies. Personalised action plans should be readily available for families. Although testing for nut allergy is not part of the current national guidance a number of children tested had a “positive” result. This, in light of the LEAP results, raises questions about our current management approach and weather this should be something recommend to be undertaken in children presenting with egg allergy.