Clinical case of food allergy formation on the background of Staph infection

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**Background:** General and specific researches does not always enable the accurate diagnosis of alimentary allergic causes. Sometimes we need to perform the additional bacteriological researches.

**Report:** On consultation appointment we had a girl 10 year’s old with manifestations of allergic dermatitis, which arose 6 months ago and was associated with the consumption of various foods (as parents said). We know that another relatives has no allegropathology. After helminthiasis have been treated and stayed on the elimination diet with the exclusion of certain products led to the brief improvement. Last 6 months she is suffering on constipation. Objectively: on the face, thorax and extremities is patchy erythema, exfoliative displays, cracks, which accompanied with itching. Laboratory: in blood we see the absolute eosinophil (2.3 g/l), general serum IgE-1980 IU/ml, increased levels of specific Ig E (ELISA >0.35 kU/l) to all vegetables, fruits, nuts and cereals. The results of component diagnostics (ImmunoCAP, Phadia) (Pru p3 rBet v1, rBet v2, rBet v4, nART v3, Tri a19, rPhl p7, rPhl p12) are negative. The bacteriological research of skin, throat and feces- a large number of S. Aureus ($10^8$). The specific IgE to the Staph enterotoxin B, C, TSST are increased (ImmunoCAP, Phadia).

We verified the diagnosis: Chronic IgE-dependent urticaria, sensitization to Staphyloccocal toxin, the food allergy.

**Recommendation:** the antistaphylococcal immunoglobulin with transition to the antistaphylococcal lysate, antihistamines.

**Clinical Relevance of Report:** The Staphylococcal toxin can cause polyvalent sensitization to food allergens, which requires phased diagnostic and specific antistaphylococcal treatment.