



ATOPIC ECZEMA/DERMATITIS

## FOOD ALLERGY IN ATOPIC DERMATITIS: A ABOUT A PEDIATRIC SERIES.

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**Introduction:** The prevalence and relevance of food allergy diagnosis (AA) in atopic dermatitis (AD) is a topic that is debated. The objective of this series is to determine the prevalence and risk factors associated with food allergy in children with atopic dermatitis and consultant service dermatology. **Material and Methods:** Retrospective study, made from records of patients consulting for atopic dermatitis on period of one year (2013-2014)

**Methods:** Ten children with AD sometimes associated with severe signs of immediate hypersensitivity and delay and failure to thrive.

**Results:** The common food allergens found in these children: eggs, peanuts, chicken, shellfish and the lactose children were involved in two or more foods. 8/10 were sensitized to Protein Milk. The patch tests and atopic patch test were strongly positive for cités. One child had extra food sensitization to nickel, chrome reached palmoplantar invalidante. Curieusement, 8/10 were allergic to emollient creams containing oats with tests positive. The age bracket was (1 month-10 years), six infants and 4 enfants. The awareness is all the more important as the age of beginning of the dermatosis is early and severe. LE diet of eviction led to a dramatic improvement in half of the children with a correction of the ponderal curve for progressive reintroduction of others. The accidental or caused, triggered a new outbreak of eczema

**Discussion:** moderate to severe AD in the realization of the SCORAD was associated more frequently diagnosed OF AA. A food allergen can trigger or aggravate chronic act as a DA..

**Conclusion:** The provocation test orally represents the cornerstone of diagnosis in children with AD. It must take account of the time of onset of signs. Chez our patients, risk factors associated with AA in the early DA were starting before 3 months; a DA moderate to severe Conclusion: In children with

