General overview

- Genuine sensitization
- Cross-reactivity
- Risk assessment (CEFA, OAS, anaphylaxis....)
- Identification of unanticipated triggers

Relevance of negative results

- Rules out sensitization to most relevant inhalant and food allergens
- If high clinical of allergy to an allergenic source contained in multiplex array consider other molecules (so far identified or not) not included or underrepresented (e.g. TLP, enolase, beta-1,3-glucanase, α-gal...)

Respiratory allergy

- Consider AIT only if markers of specific genuine sensitization are positive and in accordance with clinical symptoms

Specific markers

- May explain non-clinically relevant polisensitization.
- If only selective recognition to cross-reactive allergens AIT should probably not be prescribed

Cross-reactive allergens

- If no clinical symptoms upon food ingestion, no avoidance is required. Just follow-up for possible symptoms with plant foods

Cross-reactive allergens responsible for plant-food syndromes

Food allergy

- High risk (but may be asymptomatic or mild): nsLTP, nut storage proteins
- Low risk (but may be severe): PR10
- If delayed red meat anaphylaxis, assess sIgE to α-gal (not included in commercial multiplex array)

Allergens associated with risk of severe reactions

- Avoidance of co-factors before/after the consumption of wheat/fruit & vegetables may be advised if previous CEFA

Allergens associated to CEFA
(nsLTP, ω5-gliadin)

Cross-reactive food – food & pollen-food allergens
(nsLTP, PR10, TLP, parvalbumins, tropomyosins)

Latex allergy

- If positive, confirm latex allergy and avoidance measures should be advised

Genuine latex allergens
Hev b 1, 3, 5 & 6

Latex profilin
Hev b 8
CCD

- In asymptomatic patients, if positive for Hev b 8 and negative for genuine latex allergens no avoidance measures should be advised. False latex allergy