

# MANAGEMENT OF COMMON ALLERGIC PROBLEMS IN OFFICE PRACTICE

## SPEAKER

Dr Ankit Parakh

## CHAIRPERSONS

Dr Vikas Taneja

Panelists

Dr Himshikha Aggarwal, Dr Ritika Goyal, Dr Tanvi Pal

# Dr Ankit Parakh



<b>PRESENT DESIGNATION:</b>	Associate Director, Pediatric Pulmonology, Allergy & Sleep Medicine
<b>PRESENT AFFILIATION:</b>	BLK MAX Hospital, New Delhi & Children's Chest Clinic, New Delhi
<b>AREAS OF INTEREST:</b>	Interventional Pediatric Bronchoscopy, Sleep Medicine
<b>MAJOR ACHIEVEMENTS:</b>	European Diplomate of Pediatric Respiratory Medicine ERS Sleep Fellow (GOSH, UK) APSR Fellow Sleep Medicine (LCCH, Brisbane) RCPCH Fellow, London, UK Pediatric Allergy Testing (Imperial College London)

# Dr. Vikas Taneja



Designation	Director & Unit Head, Pediatrics & PICU
Current Affiliation	<b>Max Super Speciality Hospital, Dwarka</b>
Achievements	<ul style="list-style-type: none"><li>Publication in National &amp; International Journals</li><li>Contributed Chapters in various books</li><li>Have &gt; 100 citations</li><li>Special Interest in POCUS &amp; Pediatric transplant</li></ul>

# Dr. HIMSHIKHA AGGARWAL

## Consultant Ophthalmologist Chinmaya Vision

- Specializes in Pediatric Ophthalmology and Strabismus
- MBBS, Lady Hardinge Medical College and MS Ophthalmology, Maulana Azad Medical College
- Completed 3 years of Senior Residency from Guru Nanak Eye Centre, MAMC and a short-term fellowship at LV Prasad Eye Institute, Hyderabad in Pediatric Ophthalmology and Strabismus
- Backed by a strong academic foundation, with several research publications in leading national and international journals



## Dr Tanvi Pal



<b>DESIGNATION</b>	<b>Consultant Pediatric Dermatologist</b>
<b>CURRENT AFFILIATION</b>	Blk Max Super Speciality Hosp. Kubba Skin Clinic Pal Medicare Centre, New Delhi
<b>ACHIEVEMENTS</b>	Various National and International Peer Reviewed Papers Speaker in Both Pediatric & Dermatology Forum



## Dr. Ritika Goyal

Pediatric Pulmonologist and Allergy specialist

MD, DNB Pediatrics

European Diplomate Pediatric Respiratory Medicine

Fellowship in Pediatric Pulmonology, Sir Ganga Ram Hospital, New Delhi

### Affiliations:

Consultant, MAX hospital Shalimar Bagh

Consultant, Sitaram Bhartia Institute of Science & Research, New Delhi

### Areas of Interest:

Flexible Bronchoscopy in Neonates and Children,

Skin Prick testing for allergies, Allergen Immunotherapy

Pediatric asthma, Difficult-to-treat asthma

Aspiration and Swallowing Dysfunction

*"Children are not tiny humans. They need nurturing and special care for better growth and development right from the beginning."*

-Dr Ritika Goyal, MD

# Panel Discussion

## *Allergies in Children*

### **Moderator**

Ankit Parakh

Pediatric Pulmonology  
and Allergy Specialist

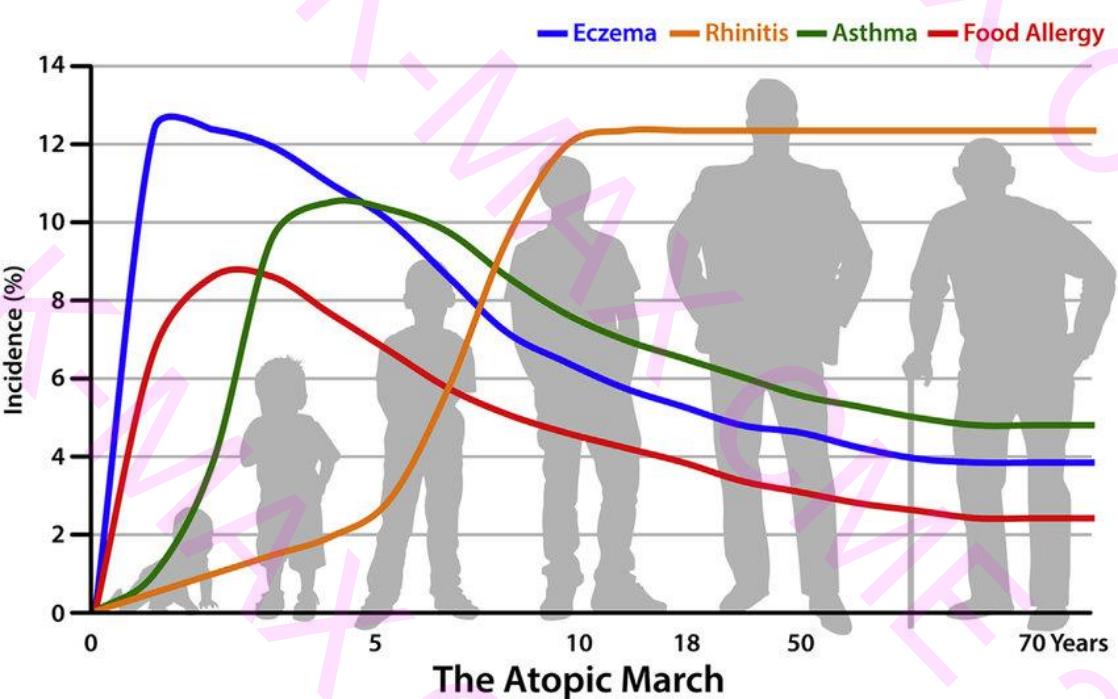
### **Panelist**

Tanvi Pal  
Pediatric  
Dermatology

Himshikha Aggarwal  
Pediatric  
Ophthalmology

Ritika Goyal  
Pediatric  
Pulmonology,  
Allergy Specialist

# The Atopic March



The term atopic march refers to the temporal progression of symptoms during childhood from atopic dermatitis to asthma to allergic rhinitis

The common thread linking these allergic disorders is atopy, the predisposition for immunoglobulin E (IgE)-mediated responses to environmental stimuli

# What do we AIM to discuss?

- Broad overview of
  - Atopic Dermatitis
  - Allergic Conjunctivitis
  - Food Allergy
- Comfortably diagnosis and manage mild-moderate cases
- Referral to specialist for difficult cases
- **HOLISTIC MANAGEMENT of a child with ALLERGIES**

# Ocular Allergy in Children

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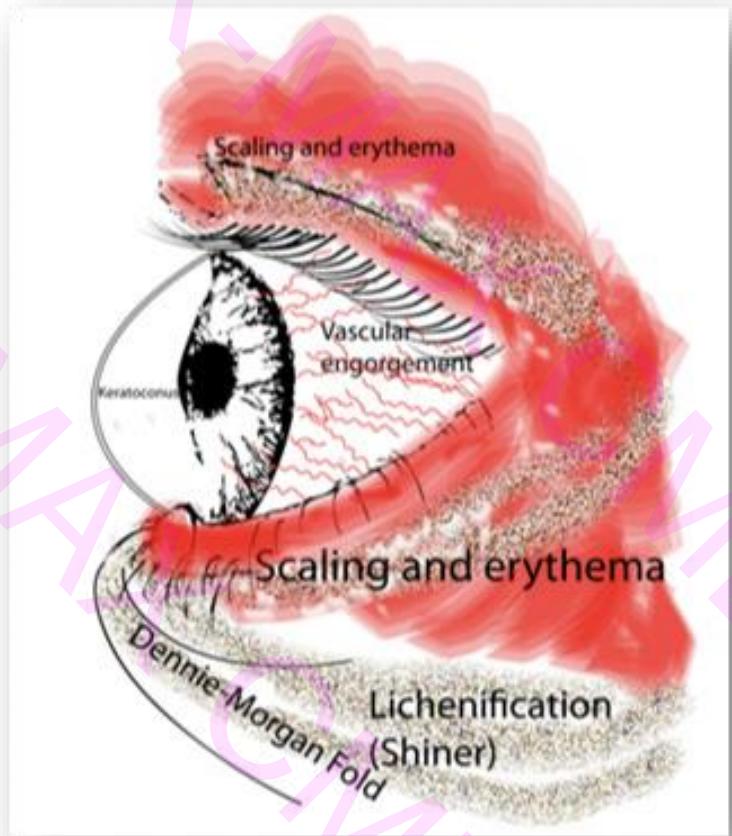
## Background

- Eye is widely exposed to air- borne allergens.
- Isolated from body, the eye may react independently to allergens.
- Associated with
  - Allergic Rhinitis
  - Asthma
  - Atopic Dermatitis
- Significant impact on QOL
- Some forms can end up in complications

# What are the ocular manifestations of Atopic Dermatitis?

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# Ocular manifestations of atopic dermatitis



## Skin

Eczematous rash  
Lichenification  
Hyperpigmentation

## Hairs

de Hertoghe's sign  
Madarosis  
Trichiasis

## Eye Lids

Dennie–Morgan folds  
Ptosis  
Blepharitis  
Eyelid hypertrophy  
Lagophthalmos  
Cicatrization  
Ectropion,Entropion

## Conjunctiva

Hyperemia  
Chemosis  
Symblepharon

# RED Eye

What suggests Allergic Conjunctivitis?

# Allergic Conjunctivitis

- Bilateral involvement
- **Itching**
- Redness
- Tearing
- Burning
- Stinging
- Chemosis (swelling of the conjunctiva)
- Discharge (usually watery but can be mucoid)

- The *sine qua non* of AC is itching, and a diagnosis of AC should be queried if the patient does not present with ocular itching.

The symptomatology of AC is dominated by these four cardinal signs

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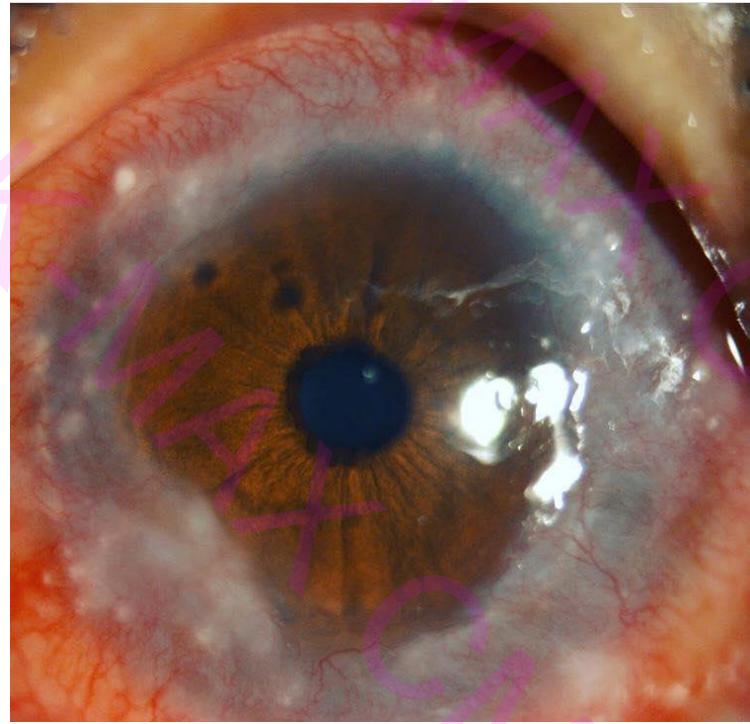
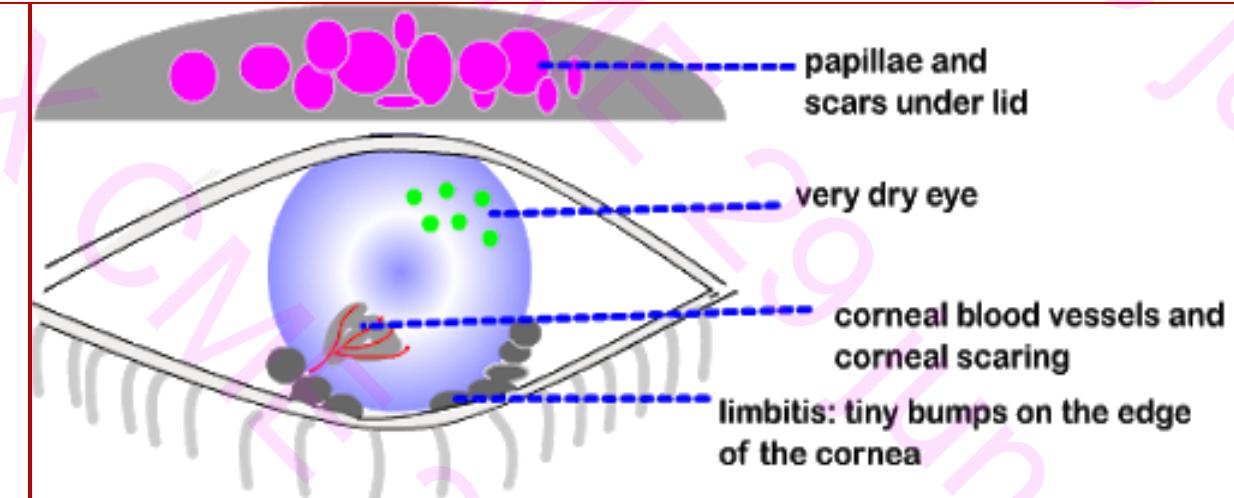
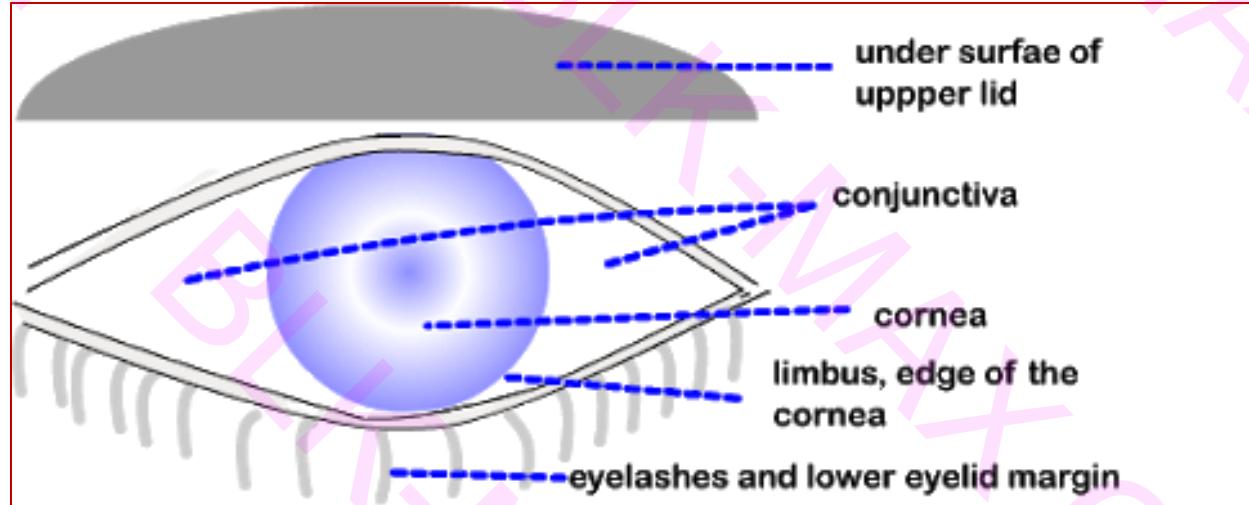
Tearing, Itching, Redness, Edema

# Eye Examination

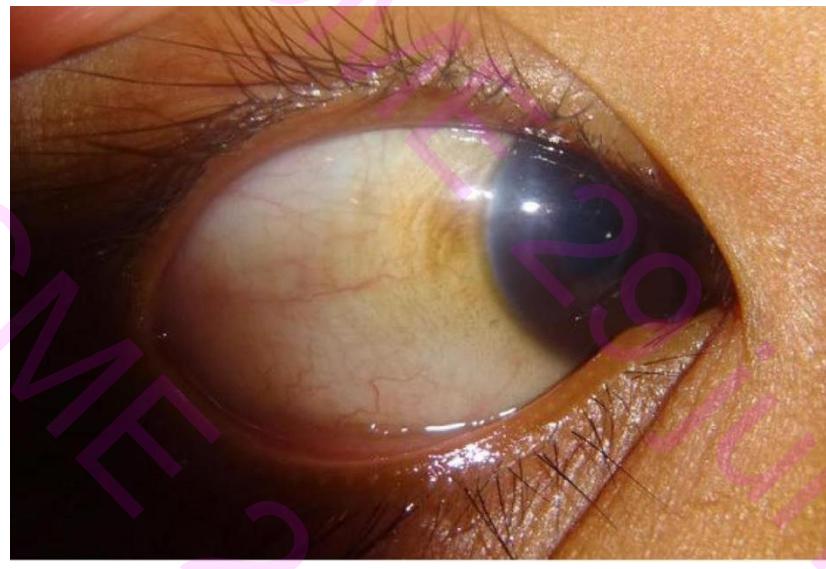
**What suggests Allergic Conjunctivitis?**

# Eye Examination

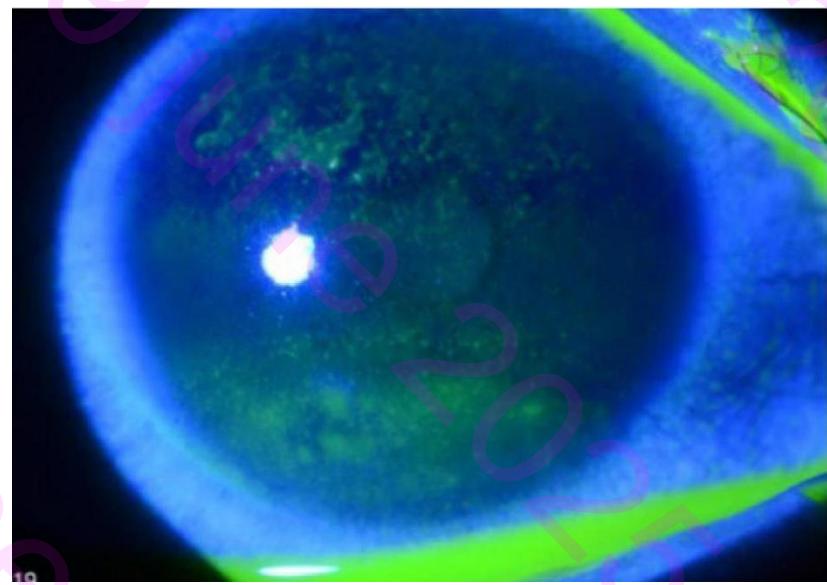
- Naked eye exam
  - Using a light source such as a penlight
- Ophthalmoscope exam
  - Advantage of being a source of magnification and illumination with a magnification of approximately 15X and a field of view up to 10 degrees.
- Slit lamp (biomicroscope) examination
  - Used by ophthalmologists offers the widest range of examination up to a magnification



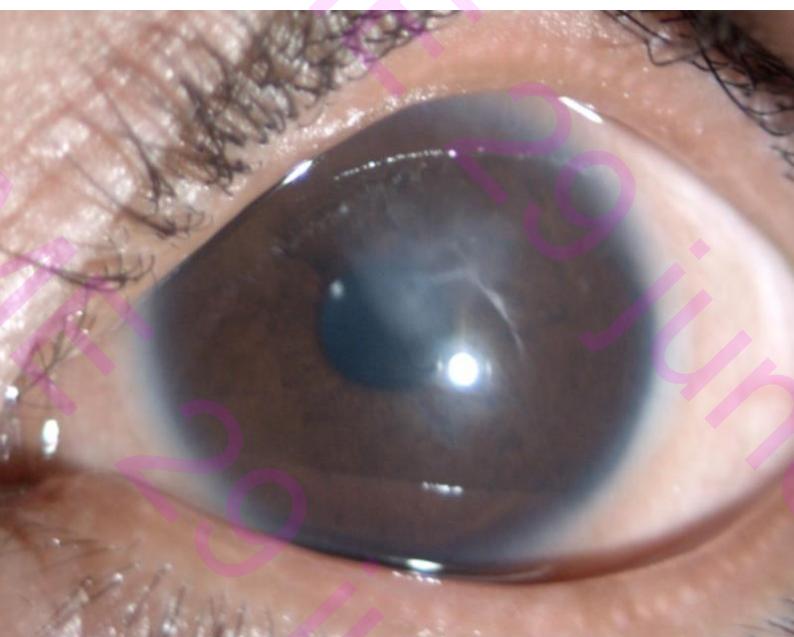
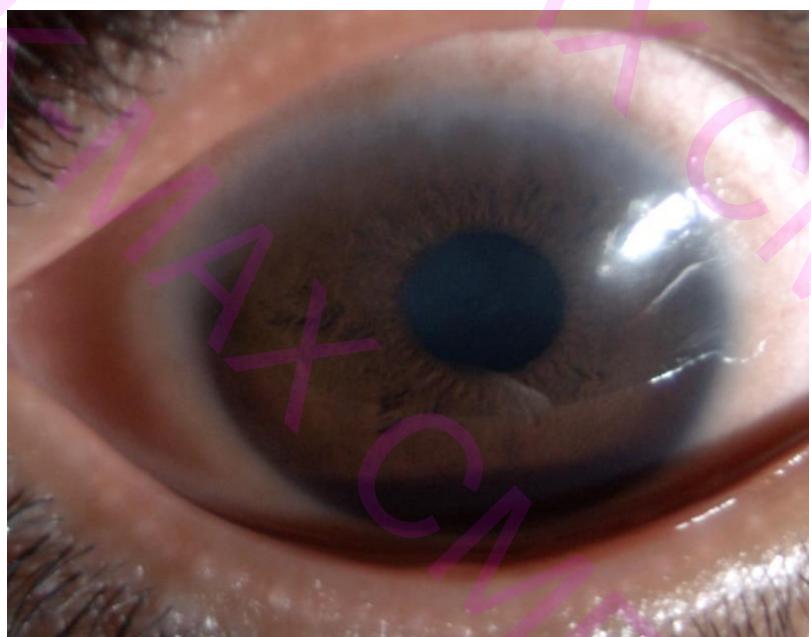
Horner-Tranta Spots



Conjunctival Pigmentation



Superficial Punctate Keratitis



## Signs

### Conjunctiva:

- Giant Papillae
- Limbal thickening

### Cornea:

- RE – SPK
- LE – Shield Ulcer

# Signs of Severity

- Conjunctival Giant Papillae
- Limbal Inflammation
- Corneal involvement:
  - Superficial punctate keratopathy
  - Corneal scars
  - Pannus
  - Shield ulcers or plaques

# Comparison of Various forms of Allergic Conjunctivitis

	Seasonal Allergic Conjunctivitis	Perennial Allergic Conjunctivitis	Vernal Keratoconjunctivitis
<b>Age</b>	Any age	Any age	Young boys + teens
<b>Allergy Mechanism</b>	IgE mediated	IgE mediated	IgE + Non IgE
<b>Symptoms</b>	TIREd	TIREd	TIREd + Severity Symptoms
<b>Eye Lids</b>	Normal	Normal	Eye lid edema
<b>Conjunctiva</b>	Follicles + papillae	Follicles + papillae	Giant papillae
<b>Limbus</b>	Normal	Normal	Trantas Dots + thickened
<b>Cornea</b>	Normal	Normal	SPK Shield ulcers Plaques Opacities Neovascularization

How would you treat these  
children in OPD?

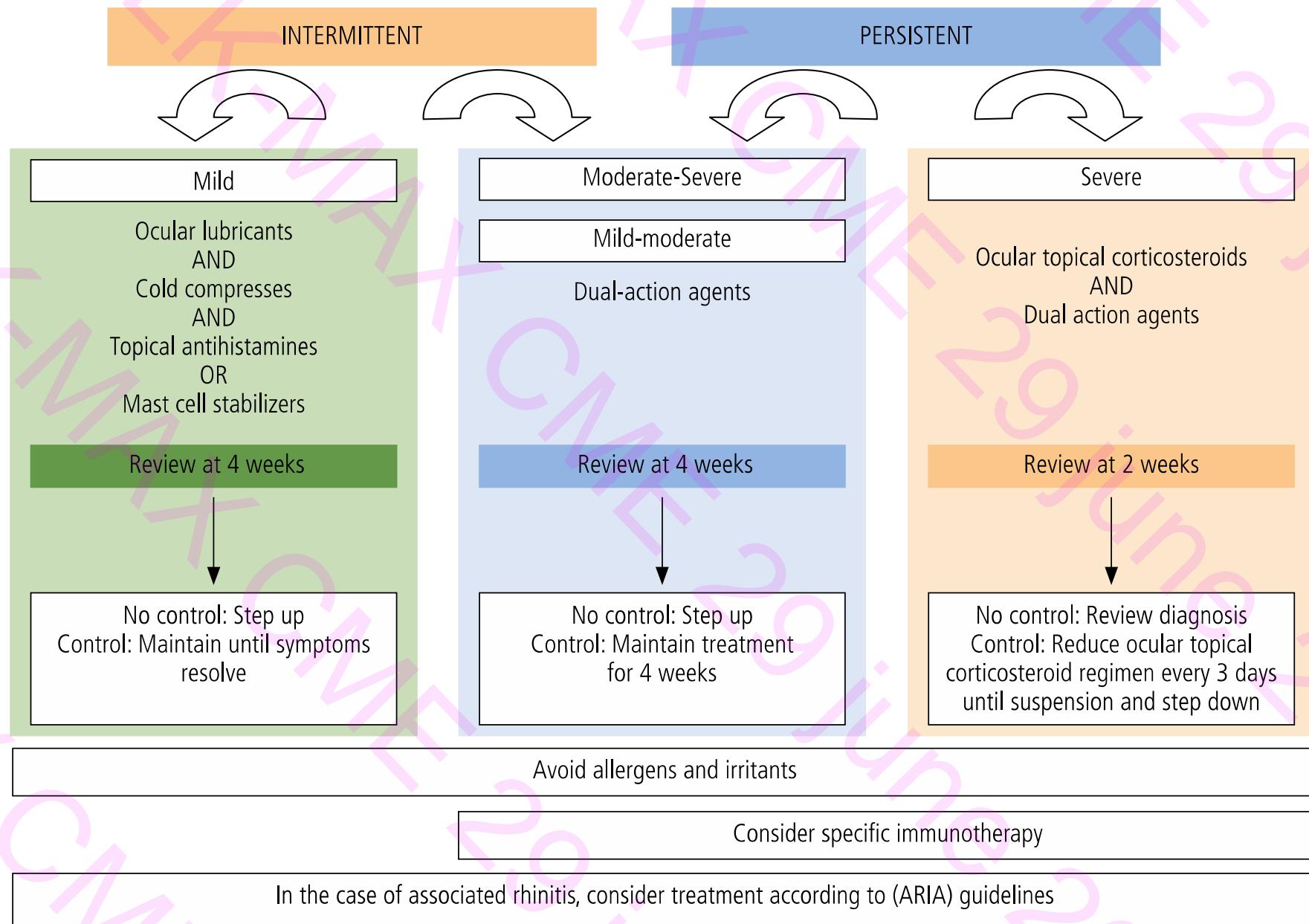
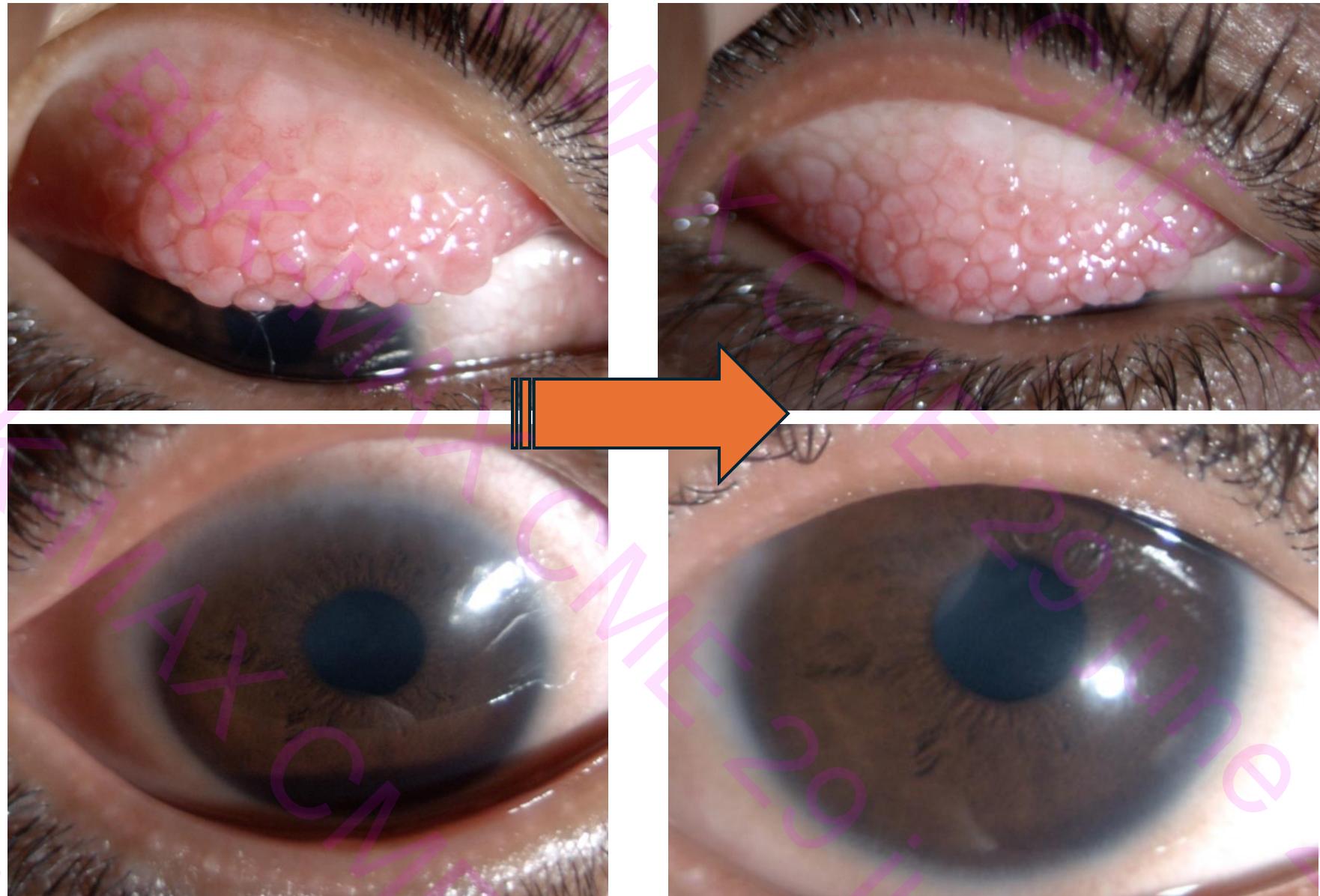


Figure 3. Treatment of allergic conjunctivitis proposed in the Consensus Document on Allergic Conjunctivitis (DECA) (grade of recommendation D).

## Response to Treatment (R)



### Signs

#### Conjunctiva:

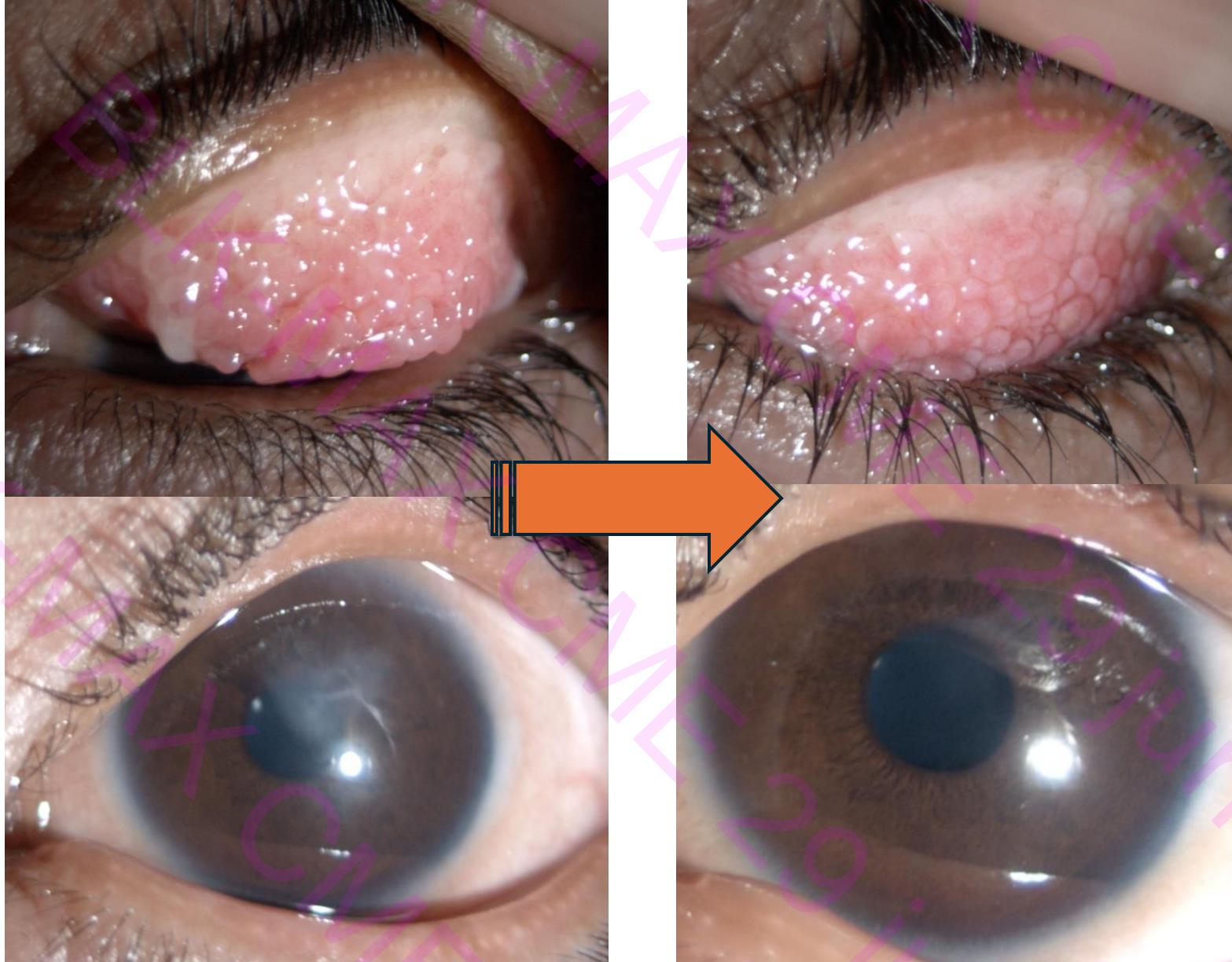
- Giant Papillae
- Limbal thickening

#### Cornea:

- RE – SPK

**BETTER**

## Response to Treatment (L)



### Signs

#### Conjunctiva:

- Giant Papillae
- Limbal thickening

#### Cornea:

- LE – Shield Ulcer

**BETTER**

- What is the role of an allergy specialist?
- What is the role of an eye specialist/cornea specialist?

# **Atopic Dermatitis**

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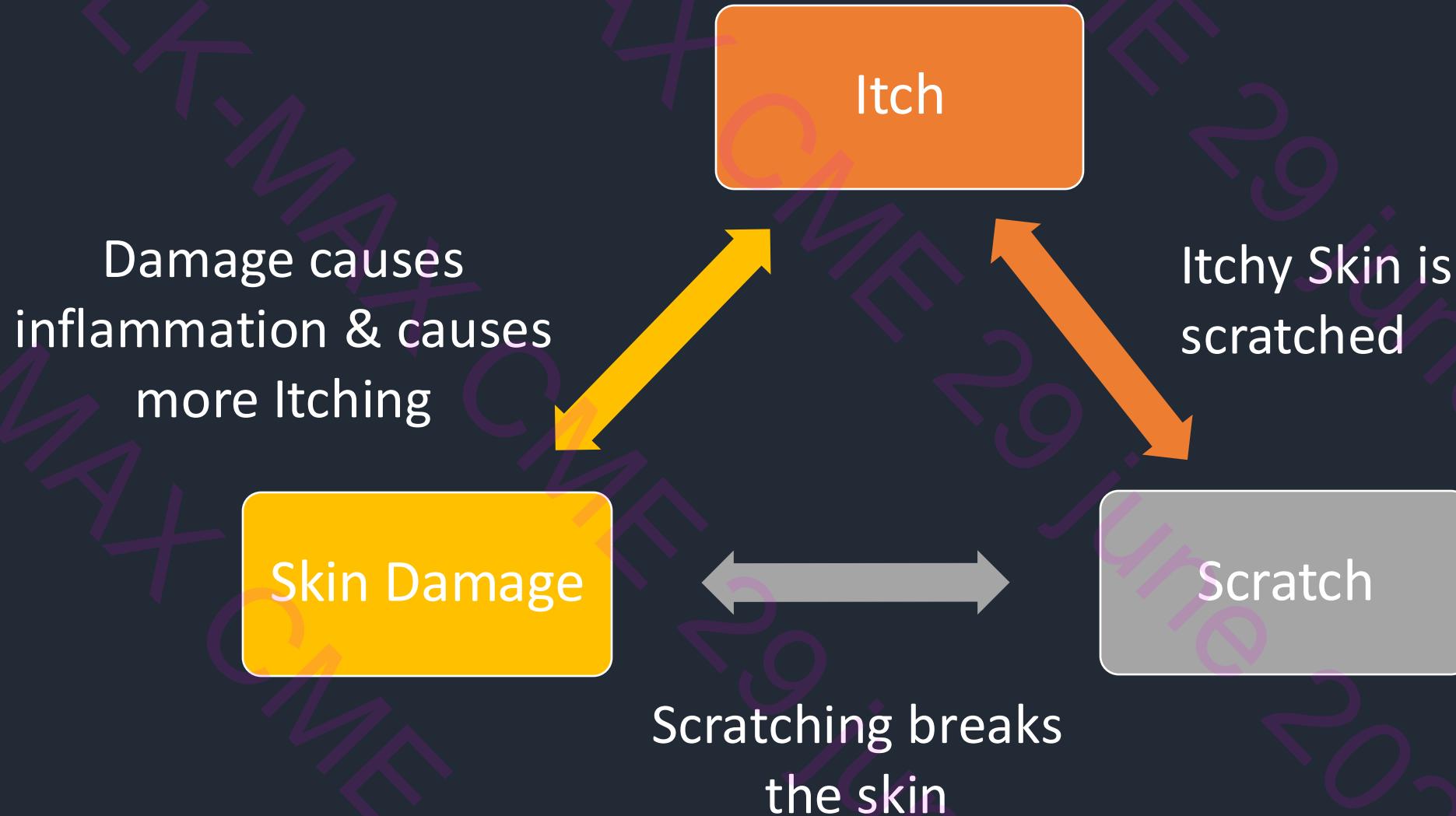
“It is not the rash which itches, but the itch that rashes” (Engman et al. 1936)

The primary lesion “itch” leads via scratch effects to the typical skin changes of atopic dermatitis

# Atopic Dermatitis

**What is the pathogenesis?**

# ITCH SCRATCH CYCLE



# Atopic Dermatitis

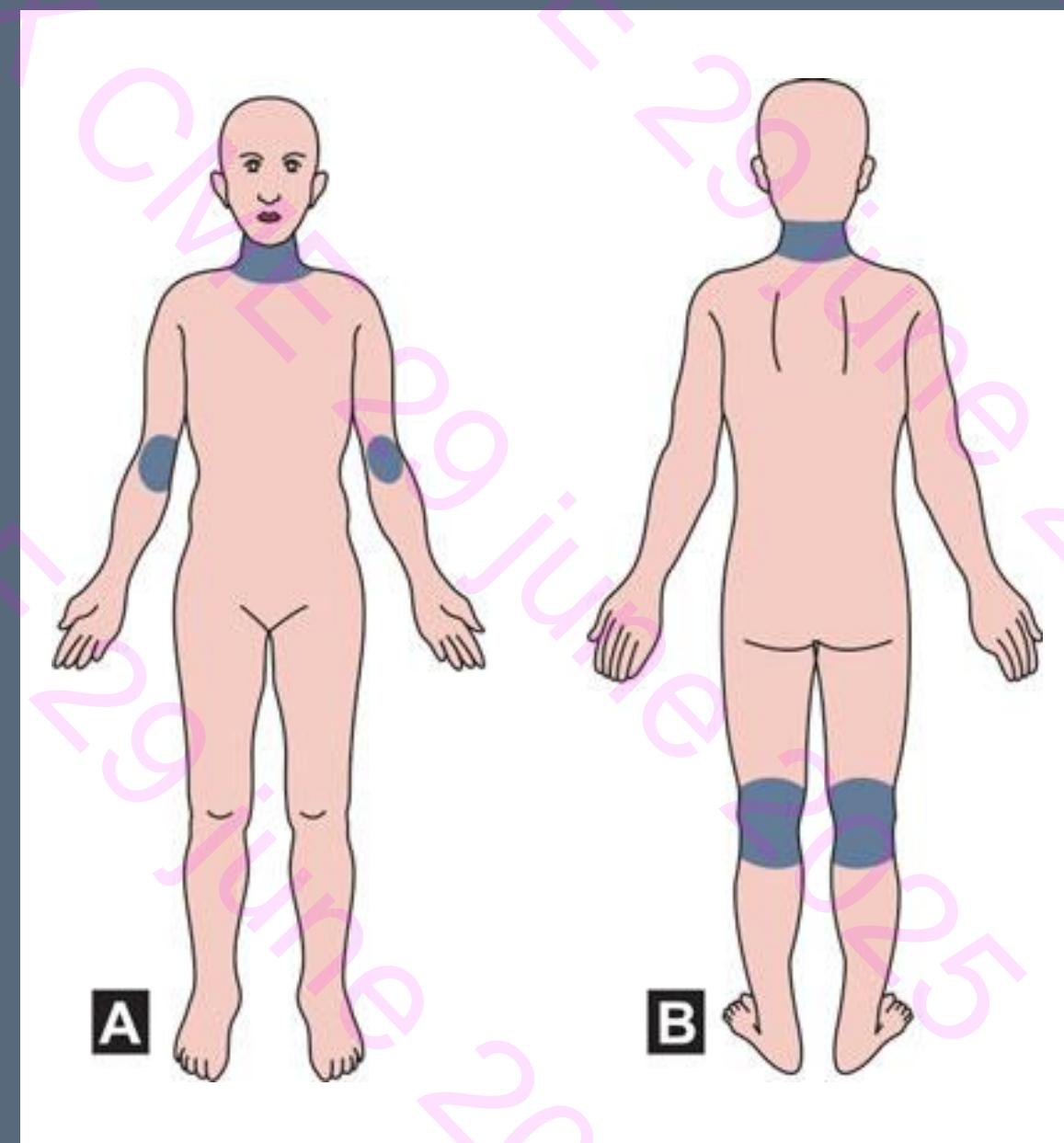
**What is the clinical picture?**

# Atopic Dermatitis

## Clinical Presentation

- 6 skin findings of eczema
  1. Erythema (infiltrated)
  2. Papules/edema
  3. Exudation - oozing and crusting
  4. Scale
  5. Excoriations  
linear erosions from scratching
  6. Lichenification  
thickened, hyperpigmented, leathery skin due to rubbing (accentuated skin markings)
- Symmetric > asymmetric

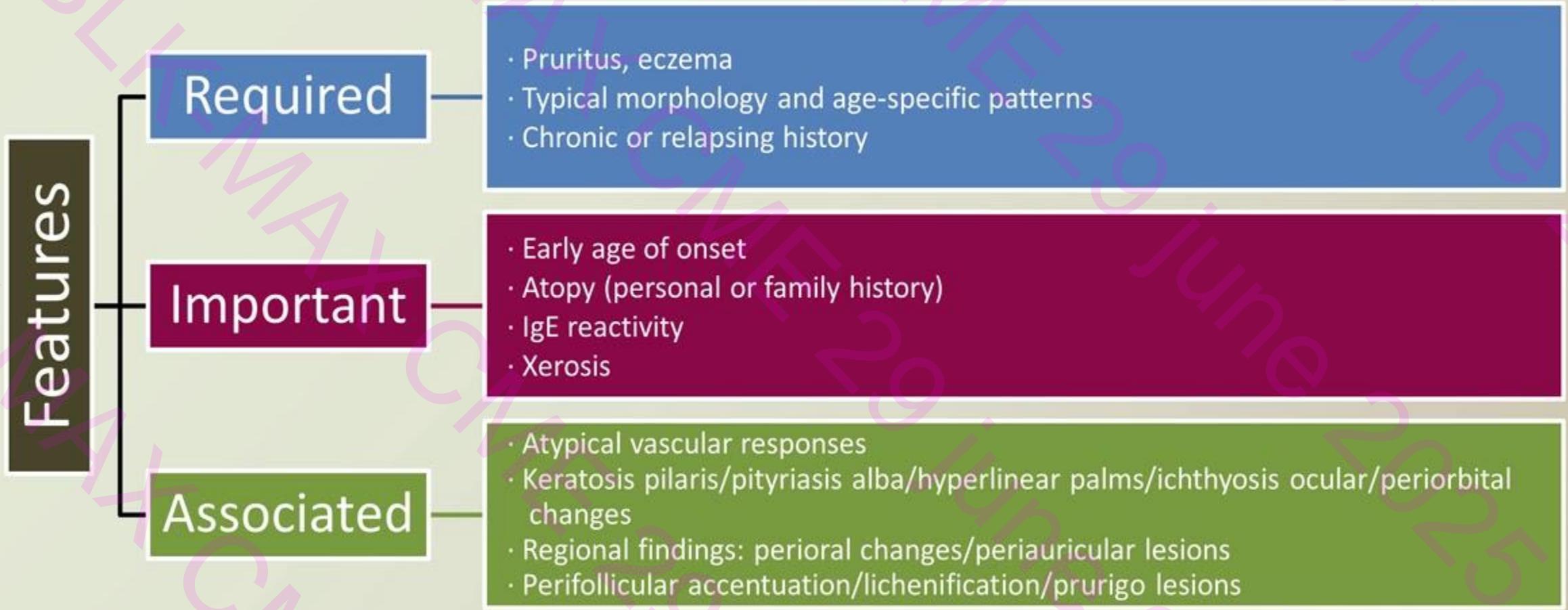




# Atopic Dermatitis

**Any diagnostic criteria?**

# AAD Diagnostic Guidelines



Adapted from Hanifin, Rajka. Acta Dermato Venereol. 92(suppl):44-7;1980  
and AAD Consensus Conference on Pediatric Atopic Dermatitis

## Treatment

- Bathing
- Moisturizer
  - Which
  - How to apply
- TCS and TCI
- What to avoid

## Mild to Moderate Atopic Dermatitis: Poor Control

Symptomatic on low-mod dose TCS, basic management of skin, antiseptics, avoidance of allergens & triggers

Increase TCS dose or potency

Add TCI

Add Crisaborole 2% ointment



3 months therapeutic trial with reassessment at 4-8 weeks

## Moderate-Severe Atopic Dermatitis: Poor Control

Symptomatic on aggressive Topical therapy (TCS, TCI, Crisaborole) for >3 weeks basic management of skin, antiseptics, avoidance of allergens & triggers

Significant impact on quality of life

Phototherapy

Dupilimab

Systemic  
Immunosuppressio

Consider wet wraps  
Hospitalization



3 months therapeutic trial with reassessment at 4-8 weeks

- What is the role of an allergy specialist?
- What is the role of an eye specialist/cornea specialist?

# Food Allergy

- What are the common food allergies seen in India?

- Why is the spectrum different from Western countries?
- Do you think food allergies are likely to increase?

# Clinical Manifestations of Food Allergy in children

## Skin

Urticaria, angioedema, Atopic dermatitis

## Gastrointestinal

Vomiting, colic, abdominal pain, diarrhoea, constipation

## Food Allergy

## Respiratory

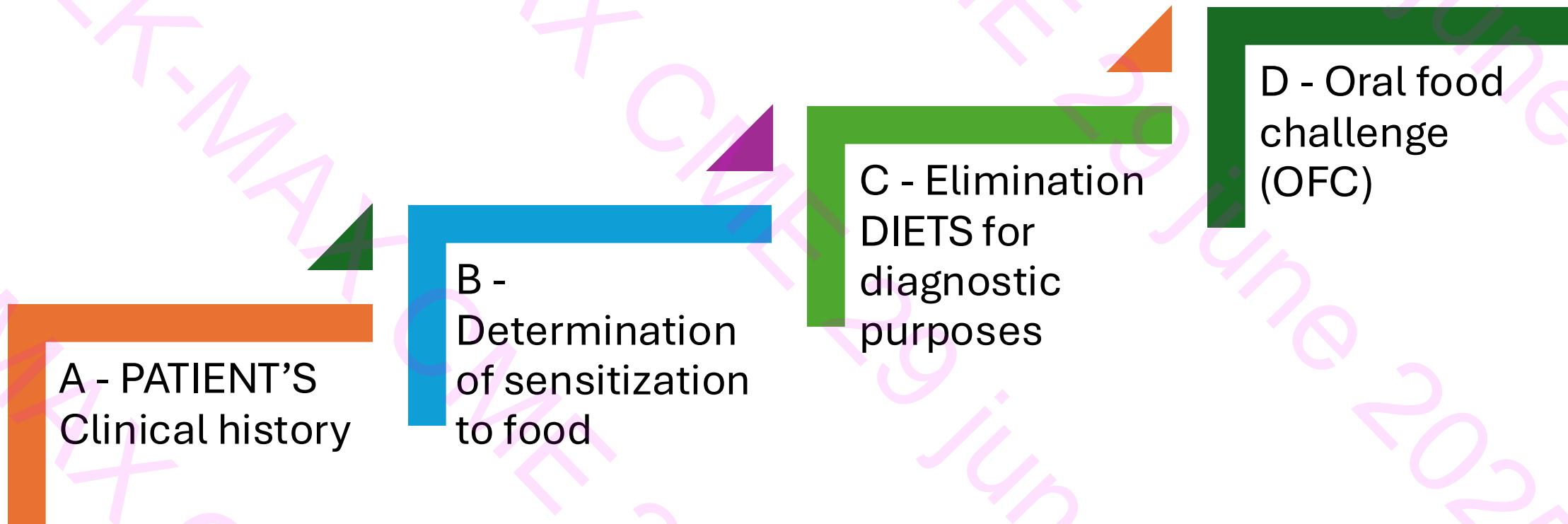
Rhinorrhea, sneezing, cough, change in the pitch of their voice, hoarseness or a loss of the voice, stridor, dyspnea

## Circulatory

Cardiovascular collapse

Reactions can be triggered by food ingestion, inhalation and skin contact.

# Diagnosis of Food Allergy



# Allergy Tests

- What ALLERGY TEST would you do?
- **What tests are available?**
  - Skin Prick Test (SPT)
  - Serum Specific IgE (ImmunoCap)
  - Component Resolved Diagnostics (CRD)
- **Avoid Nonselective testing**
  - Increases the risk of clinically irrelevant false positive results
  - Especially true for food allergens.

# Long-term management strategies

- Elimination DIET
- Education and risk assessment
- SPECIFIC immunotherapy
- AnTI-IgE
- Challenges at regular intervals to assess achievements of tolerance
- Cofactors

**Thank You!**