Unmet Needs on OIT.

Oral Immunotherapy (OIT) represents an emerging reality that provides both hope and optimism for patients with IgE-mediated food allergy and expands the possibility of an active treatment with the goal of improving the quality of life for patients and their families. The preliminary data on OIT are encouraging; although the progress towards a definitive therapy for food allergy has substantial, many issues remain unanswered.

1- The severity and type of food allergy which worth the active treatment.

Patients with mild symptoms or without systemic reactions after the ingestion of food allergens should be considered cautiously regarding the risk-benefit ratio of OIT. A large number of children with allergy to cow’s milk or hen’s egg develop tolerance spontaneously; therefore, waiting at least to the age of 3 before starting OIT seems reasonable.

2- “Shared schedules” for the desensitisation(s) and degree of protection.

Currently, every research center uses its own protocol for OIT. Comparison of different protocols in order to create a standardized protocol would help facilitate transition into practice. The degree of protection represents a pivotal question; the majority of treated patients reaching complete desensitization. However, some patients reaching partly desensitization. Therefore, the latter group is at risk for further reactions after massive ingestion of culprit food(s).

3- Adverse Events

Adverse events are common during OIT, although most are mild and self-limited. On the other hand, the use of parental epinephrine is reported in patients with severe food allergy or anaphylaxis who underwent OIT. Because desensitization places patients at risk of severe reactions, it is not appropriate to implement OIT in routine clinical practice at this time. Moreover, it is not appropriate and it is hazardous either the self-administration or self-desensitization of culprit foods by patients at home.

4- Desensitization versus (or towards) tolerance?

Currently, it is still unclear whether oral desensitization represents the first step towards permanent tolerance. As with other kind of immunotherapy (i.e. for inhalant allergens) the duration of desensitization could be pivotal for achieving tolerance. Long-term data are few and inconclusive. Although clinical desensitization and immune modulation have been demonstrated with OIT, the strength of the current evidence from clinical trials is insufficient concerning the induction of tolerance.

References
