General overview

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

"whole picture"

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

•If no clinical symptoms upon food ingestion, no avoidance is

required. Just follow-up for possible symptoms with plant foods

Food allergy

• High risk (but may be asymptomatic or mild): nsLTP, nut storage proteins •Low risk (but may be severe): PR10

Allergens associated reactions

•If delayed red meat anaphylaxis, assess slgE to α -gal (not included in commercial multiplex array)

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

Cross-reactive food -

•If no clinical symptoms upon food ingestion, no avoidance is required. Just follow-up for possible symptoms with other foods (identifying unanticipated allergen triggers) •If positive sIgE to natural purified allergens and no clinical

symptoms upon exposure to the allergenic source, check for CCD cross-reactivity

Latex allergy

Genuine latex allergens

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

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