

# GENERAL ALLERGY GUIDANCE AND SPECIFIC IGE

Document Type: Working Instructions  
Document Reference: GO GPG30  
Version : 1  
Author: Dr Richard Baretto  
Approver: Judith Timms

Property of Coventry & Warwickshire Pathology Services  
This is a controlled document – Do not copy  
Page 1 of 6

## GENERAL CONSIDERATIONS

ALLERGIC DISEASE IS A CLINICAL DIAGNOSIS WITH TESTS USED TO HELP CONFIRM OR REFUTE A DIAGNOSIS-  
**ALLERGY IS NOT DIAGNOSED BY ALLERGY TESTS**

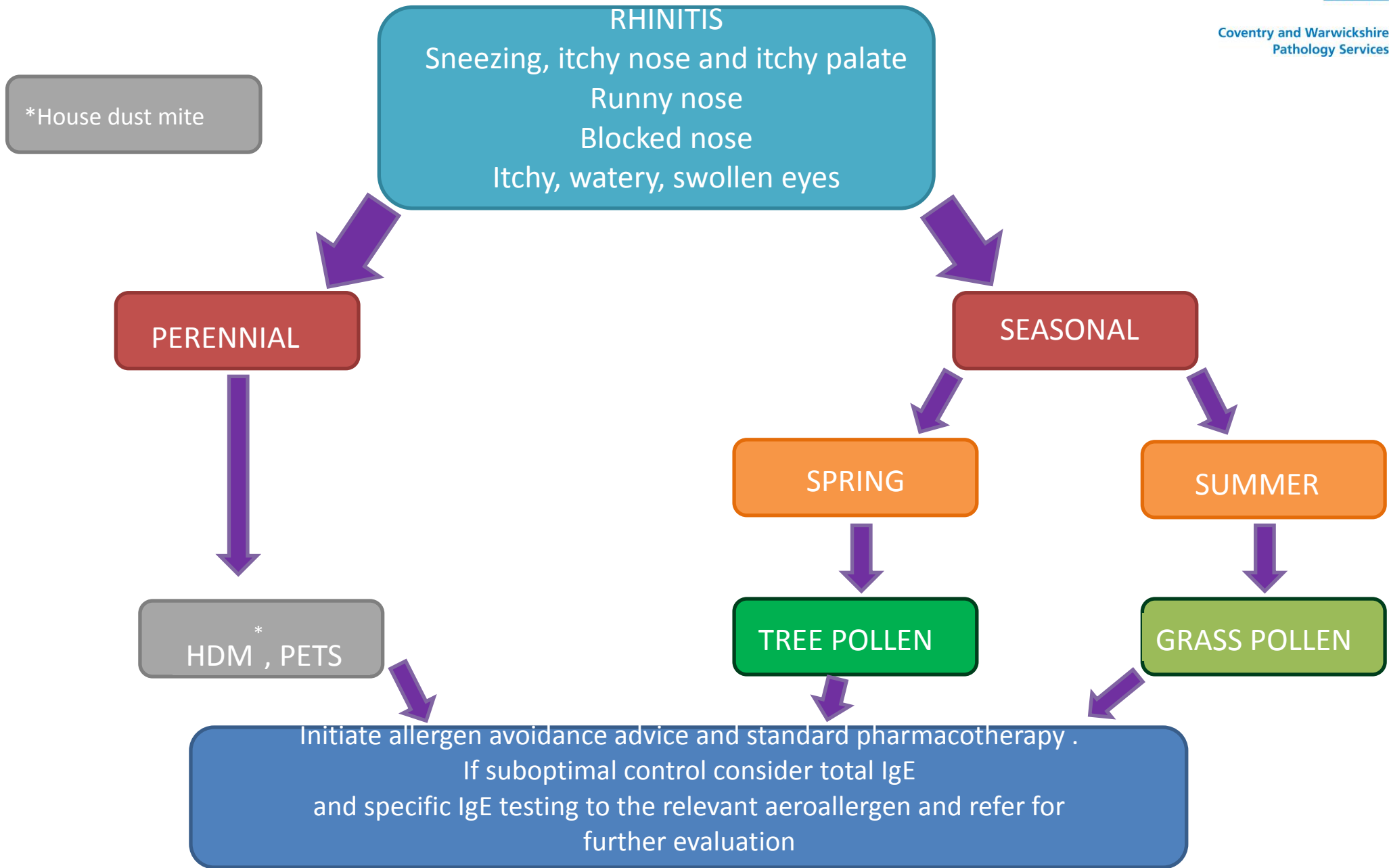
INAPPROPRIATE REQUESTING OF ALLERGY TESTS (SPECIFIC IGE) CAN GIVE MISLEADING RESULTS CAUSING DANGEROUS DIETARY RESTRICTION AND A WASTE OF NHS RESOURCES

TOTAL IGE IS RARELY CLINICALLY RELEVANT AND SHOULD NOT BE REQUESTED IN ISOLATION. SPECIFIC IGE SHOULD ALWAYS BE REQUESTED WITH A TOTAL

## ANAPHYLAXIS

ANAPHYLAXIS IS A CLINICAL DIAGNOSIS DEFINED AS A SEVERE REACTION DUE TO MAST CELL DEGRANULATION WITH CARDIORESPIRATORY COMPROMISE WITH ASSOCIATED CUTANEOUS CHANGES (URTICARIA OR ANGIOEDEMA)  
**IT MAY BE ALLERGIC (IGE MEDIATED) OR NON-ALLERGIC**

PATIENTS (PARENTS) WITH ANAPHYLAXIS SHOULD BE TRAINED TO AVOID ALLERGENS WHEN POSSIBLE AND TO RECOGNISE THE SYMPTOMS OF REACTIONS AND MANAGE SYMPTOMS WITH ANTIHISTAMINES AND ADRENALINE AUTOINJECTORS



**URTICARIA**  
Red/White raised itchy lesions that last hours



**ALLERGEN INDUCED?**  
Rapid onset-within 30 minutes of exposure  
(consumption of food/drug, contact with allergen or sting)

\*Cetirizine or loratidine;  
can be increased up to four times a day

**YES**



**NO**



**LIKELY IGE MEDIATED ALLERGY**  
Rapid onset and reproducible  
Non-random  
Advise on avoidance  
Relevant specific IgE (with total IgE) testing  
Emergency management plan

**SPONTANEOUS** (not IgE mediated)  
No association with any allergen  
Random (symptoms may be present on waking)  
Start non-sedating anti-histamine\*  
**SPECIFIC IGE TESTING NOT INDICATED**  
Refer if symptoms not controlled on the above regime and/or present for >6weeks

\*\*\*Cetirizine or loratidine; can be increased up to four times

**ANGIOEDEMA**  
Swellings that evolve rapidly and last hours to days- do not itch, may burn or hurt  
Not associated with change in overlying skin colour

\*ACEI - angiotensin converting enzyme inhibitor  
\*\*AIIRA - angiotensin II

REFER TO URTICARIA ALGORITHM

CONCURRENT URTICARIA

YES

NO

**ALLERGEN INDUCED?**

Rapid onset-within 30 minutes of exposure (consumption of food/drug, contact with allergen or sting)

**ACEI\* INDUCED?**

YES

Change to AIIRA\*\*

YES

NO

**LIKELY IGE MEDIATED ALLERGY**

Rapid onset and reproducible  
Non-random  
Advise on avoidance  
Relevant specific IgE (with total IgE) testing  
Emergency management plan  
Is there anaphylaxis?

**SPONTANEOUS** (not IgE mediated)

No association with any allergen  
Random (symptoms may be present on waking)  
Start non-sedating anti-histamine\*\*\*  
**SPECIFIC IGE TESTING NOT INDICATED**  
Refer if symptoms not controlled on the above regime

**C1 INHIBITOR DEFICIENCY?**

Check C4- refer if low

Atopic eczema: clinical diagnosis  
itchy skin rash that often occurs  
with asthma and allergic rhinitis

Total IgE is often elevated- not  
clinically relevant and should not  
be requested in isolation

Specific IgEs may often be weakly  
positive, but may be false  
positive in the absence of a

Total IgE and specific IgE should  
only be requested if there is a  
clinical history suggestive of an  
allergic reaction (see previous

**INFANT <1 YEAR WITH SIGNIFICANT  
ECZEMA NOT CONTROLLED BY TOPICAL  
THERAPY HAVE A HIGHER PROBABILITY  
OF FOOD ALLERGY BEING IMPLICATED.  
SUGGEST REFERRAL TO PAEDIATRIC  
ALLERGY IF THERE IS A HISTORY OF  
FOOD ALLERGY  
SPECIFIC IGE TESTING IS NOT INDICATED**