Components improve the diagnosis of wheat allergy

Identify primary wheat sensitizations and exclude cross-reactivity dependent sensitization:
- Sensitization to wheat specific components supports a true food wheat allergy and help rule out clinically irrelevant sensitizations due to grass cross-reactivity.

Assess the risk for severe reactions of the wheat allergy:
- IgE antibodies to Tri a 19 and Gliadin are associated with severe reactions in wheat food allergies.

Improve patient management:
- An aid to rule in IgE mediated wheat allergy as a cause of gastrointestinal symptoms.
- More informed management helps you improve the patient's well-being and quality of life.
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Improve avoidance recommendations:
- More informed management helps you improve the patient's well-being and quality of life.
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A better differentiation helps you give relevant advice and define the optimal treatment.
- More informed management helps you improve the patient's well-being and quality of life.

Make a precise assessment

ImmuNoCAP Allergen Components help you differentiate between primary allergies and cross-reactivity.

Make a substantiated decision

A better differentiation helps you give relevant advice and define the optimal treatment.

More informed management helps you improve the patient's well-being and quality of life.

References:
IgE mediated wheat food allergies

- Ingested wheat can cause IgE mediated wheat allergies in both children and adults.
- Immediate wheat allergy is mainly seen in children and is commonly outgrown by school age, but remains in a subset and may cause severe reactions.
- In teenagers and adults, IgE mediated allergic reactions to ingested wheat can elicit symptoms in allergic patients.
- In teenagers and adults, anaphylaxis may result from ingestion of wheat in conjunction with exercise or other situations when the body is stressed (WDEIA, Wheat dependent exercise induced anaphylaxis).

Immediate wheat allergy

Positive test results for any of the available wheat components support a diagnosis of immediate wheat allergy.

- Sensitization to Tri a 14, Tri a 19 and/or Gliadin is associated with allergic reactions to ingested wheat.
- IgE antibodies to Tri a 19 and Gliadin are risk markers for severe reactions.
- Persistent IgE levels to Gliadin and Tri a 19 are associated with slower tolerance development.

Grass-dependent positivity to wheat extract tests can be ruled out using specific wheat components.

- The LTP Tri a 14 lacks cross-reactivity to grass pollen allergens.
- Some patients with wheat allergy may react to other cereals such as rye and barley due to cross-reactivity between gluten proteins (gliadins and glutenins).

Wheat is an ingredient in processed foods other than bakery products, for instance in beer which may elicit symptoms in allergic patients.

Wheat dependent exercise induced anaphylaxis

WDEIA is elicited by exercise or other co-factors such as NSAID drugs, alcohol or stress after wheat intake. WDEIA patients do generally not have a history of immediate wheat allergy, and many (30 – 50 %) are also negative in extract based wheat tests. However, a majority of the WDEIA patients are sensitized to Tri a 19 and/or Gliadin.

- Positive test results for Tri a 19 and/or Gliadin support a diagnosis of suspected WDEIA.
- Sensitization to LTP may be associated with a risk for co-factor mediated anaphylaxis.

Grass dependent positivity to wheat extract tests can be ruled out using specific wheat components.

- The LTP Tri a 14 lacks cross-reactivity to grass pollen allergens.