


Urticaria por alimentos pdf

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Food allergy is an exaggerated reaction of the immune system by consuming certain foods. As Montserrat Fernandez of the allergy service at the Hospital of Cruno San Carlos in Madrid points out, the normal reaction of the immune system to food is to tolerate them. However, in some cases it generates a modified response that can cause harmful effects and immune system reactions that lead to food allergies when people consume certain foods. The most common type of response is that mediated by IgE-type antibodies that produce immediate reactions, Fernandez explains in the book Bbva Foundation for Allergic Diseases, edited with the approval of the Spanish Society of Allergy and Clinical Immunology. The specialist also notes that there are cellular immune reactions that trigger reactions that develop later. It is usually skin such as atopic, or digestive dermatitis. On the other hand, food can also cause allergies if they are in contact with the skin or after exposure to the airways. In the first case, they can cause dermatitis and hives, among others; while in the second they can cause respiratory problems such as asthma or rhinitis. Foods that most often cause allergies include milk, eggs, seafood, nuts, wheat, legumes, soybeans, fruits and fish. Allergy or intolerance? People often confuse food allergies with intolerance. However, although they have similarities, such as causing harmful effects on the body due to consumption of certain foods, they are not the same. Allergies are caused by a modified immune response to food, while intolerance is not related to the immune system. The main causes of intolerance are usually due to changes in digestion and/or metabolism of edible foods. Incidence Although society perceives food allergies as a serious health problem, only about one-third of patients' reactions to communicate with a specialist can be confirmed in an allergological study. According to Fernandez, the results of epidemiological studies showing that there is a specific reaction of IgE to food through oral provocative tests, it is estimated that food allergy occurs between 1 and 3 percent of the population. This is more common in children under 3 years of age, where the incidence can reach up to 8 percent, he says. In recent years, countries such as the United Kingdom and the United States, allergies, especially those associated with nuts. Although there is currently no data on the prevalence of food allergies in Spain, the expert points out that the diagnosis has doubled in a decade, as evidenced by the results of allergological studies conducted by the Spanish Society of Allergy and Clinical Immunology in 1992, 2005 and 2014. Food allergies occur due to the failure of immune tolerance due to factors such as the genetic load of people, the condition of the intestinal barrier of the mucosa, age or type, the amount and form of food presentation, among others. In an environment where tolerance fails, the immune system produces a IgE antibody response to food. The reaction begins in the intestines (although it can also occur in other areas such as the respiratory system or skin); Cells, mast cells, which are joined by antibodies when the reaction is triggered, are found in the lining of the airways and skin. Antibodies may also adhere to other basophil cells that are in circulation in the blood. When an allergic person consumes food that causes a reaction, the allergen is associated with IgE found on the surface of basophils and mast cells. At this time it activates them and releases histamine and other inflammatory substances that are responsible for allergic reactions. As the doctor specializing in allergology Montserrat Fernandez explained, allergic reactions usually represent the first manifestations within two hours after consumption of food, although most often symptoms appear in the first 30-60 minutes. These reactions may include one or more organs, including the skin, digestive tract, respiratory tract and cardiovascular system, Fernandez adds, which points out that the severity depends on the patient's immune response, the reactivity of the affected organ and the characteristics of the allergen. In addition, external factors such as taking steroid anti-inflammatory drugs, exercising exercise, or drinking alcohol can exacerbate the reaction. The main manifestations that may appear are the following. Everything can be caused by being bound or isolated: Skin: This is the most common reaction. Patients usually develop hives. Mucous membranes and pharynxes: These symptoms are the most common seconds. Adults who have food allergies often have reactions in the oral mucosa and pharynx, known as oral allergy syndrome such as rhinitis. In people with asthma, bronchospasms may occur in anaphylaxis context (severe allergic reactions), this symptom can be very severe and can often lead to death from an allergic reaction. Digestive System: Finally, there are symptoms associated with the digestive system that include diarrhea, abdominal pain, vomiting and nausea. Other symptoms include itchy mouth, throat, eyes, skin or other areas, difficulty swallowing, dizziness, fainting, swelling of the eyelids, face, lips and tongue or rhinorrey. Symptoms of oral allergies include itching on the lips, tongue and throat and swelling of the lips in some cases. There is no effective way to prevent food allergies; The main recommendation is to avoid symptoms to avoid eating allergens. There are now many types of food allergies. The most common are five: 1. Allergy egg chicken egg egg is an immunological adverse reaction caused by consumption and contact with the egg. This type of allergy only develops in people who have produced IgE immunoglobulins targeting egg whites. In these patients, every time they come into contact with the egg, an allergic reaction will occur. The most common risk factors for egg allergy are family history, previously allergic to other foods, or with atopic dermatitis. This type is most common among children over 12 months of age with a

prevalence in Spain of 0.5 to 2.7 percent of the population as a whole in the early years of life. In fact, 44 percent of food allergy visits in children under 5 years of age for eggs and within 5 years this rate drops to 10 percent. From the age of two, cases when allergies occur are very rare. In adults, prevalence drops to 1 percent. Egg allergy is most common in children over 12 months of age. Symptoms: According to Elena Alonso, a physician specializing in allergy and pediatrics at the Allergy Service Of Gregorio Maraon General University Hospital, in Madrid, as in the rest of the allergy, the symptoms of egg allergy can be very different and range from mild manifestations such as small itching in the mouth and/or throat, more serious symptoms that can endanger the person. Symptoms occur within a short time, no more than an hour, after eating an egg. The most common are skin redness, itching, hives, swelling of the lips and eyelids. Digestive symptoms with vomiting, abdominal pain and diarrhea are also not uncommon, he says, before warning that respiratory symptoms appear less common, which can be accompanied breathe and swallow. This is very serious, so the patient should see a doctor at the time when they start to occur. Prediction: 70 percent of children allergic to egg end up healing. In fact, sometimes it happens early. At 24 months, the egg is carried by 20 percent of children, explains Alonso, who points out that the figure rises to 30-35 percent at age 3 and adds 50-55 percent at age 5. Later, the evolution of tolerance is slower, reaching 60-75 percent at age 9. The prognosis for adulthood is still unknown. Treatment and Diet: Treating people with egg allergies is based on maintaining a diet free of this food and all foods that may contain it. However, this option is often difficult to achieve, so experts recommend patients and family members are well aware of the symptoms and treatment protocol to follow if the egg is consumed. Patients with this allergy may have problems after diet because many foods contain eggs without the consumer, knowing about it and appearing in other foods such as sauces or pastries, and appearing in places like cosmetics. 2. Fish and shellfish allergies These two types of allergies are adverse reactions that occur from the immune system's response to food. In these two cases, the immune response is mediated by specific IgE antibodies for fish and shellfish. As Ana Fiandor, a physician specializing in allergies at the University Hospital La Paz in Madrid, explains, fish allergy develops in countries with high consumption of this food, such as Spain. Reactions occur in the first years of life and coincide with the introduction of fish in the diet, by the first year of life, says Fiandor. In children it is the third cause of allergies and in adults it is responsible for 12-14 percent of food allergies in Spain. Fish allergies can last for decades, even for life. In the case of molluscs, this type of allergy is more common in adults than in children. Although, if it appears in children, it is usually very persistent. Symptoms: Clinical manifestations of allergies to fish and shellfish are similar to other types of food allergies. Symptoms appear after consumption, although in fish and shellfish they can appear only by inhaling cooking vapors or particles that break down in food processing. Treatment: The only treatment currently available is to follow a diet that does not include seafood and their derivatives and, in more severe cases, avoid counting and exposure to fumes. Fish allergies can last a lifetime. 3. Milk Allergy Is an unfavorable reaction of the body to the proteins of this product. However, according to Maria Flora Martin, a physician specializing in allergy services at the University Hospital La Paz in Madrid, not all adverse reactions to milk are allergies. This reaction usually has an inherited basis, so it can be transmitted from parents to children through genes, although it is also involved in the development of environmental factors. It usually appears in the first year of life. In Spain, one or two children out of a hundred develop a milk allergy in the first year of life. In fact, in developed countries, the incidence is between 2 and 3 per cent. Most children are allergic to milk within the first three years, and among adults, clinical milk sensitization is exceptional, Martin adds. Symptoms: The manifestations of this reaction are varied, as is gravity, which depends on the degree of sensitization and the amount of food you eat. In addition, symptoms can worsen if the patient exercises, consumes alcohol, or follows medication treatment. The most common manifestations are skin manifestations, which appear in 70 percent of reactions. They are usually itchy accompanied by redness of the skin with beans, hives, swelling in areas such as the lips or eyelids, etc. Other symptoms that usually occur include digestive pain, vomiting, sometimes diarrhea, or difficulty swallowing. Finally, respiratory symptoms may occur, although they are less common, such as rhinitis or asthma. Treatment and prognosis: Currently, the only effective treatment is the elimination of animal milk, its derivatives and products that may contain milk from the diet. Most cases of this type of allergy occur temporarily, and their prognosis is good in children. More than 70 percent of those diagnosed in the first year gain tolerance within the first three years. Each year, tolerance is set at 50-60 per cent of children; two years at 70-75 percent and four, at 85 percent, explains Martin. From the age of 10, the allergy to cow's milk proteins persists in 10 percent of cases. Evolution in adulthood is unknown. Dairy allergies usually occur in the first year of life. 4. Allergy to Vegetables and Fruits Allergy to Vegetables is the most common cause of food reactions in children over 5 years of age and in adults. According to an allergological study, 7.4 percent of people who go to an allergist have a food allergy. Of this percentage, 33 percent are allergic to fruits and 7 percent to vegetables. Prevalence depends on genetic factors (that a family member is allergic), environmental factors such as eating habits depending on the area or the presence of various pollen that can sensitize a person. Most allergic fruits and vegetables: There are many fruits and vegetables that produce allergic reactions. In the case of fruit, the most allergic are rosacea. From this family, peach is the one that causes most allergies. Other fruits included in this group are apple, cherry, pear, apricot, plum, nectarine, strawberry, etc. For vegetables, vegetables such as tomatoes, carrots, cabbage, lettuce, eggplant or peppers are the most allergic. Other vegetables that cause reactions include onions, spinach, asparagus, and spices such as pepper or cumin, among others. Symptoms and treatment: The most common manifestations are the appearance of local symptoms such as itching, erythema of the lips, swelling of the lips and tongue, the appearance of red spots or scars on the skin, dermatitis, among others. Demonstrations that affect the digestive and respiratory system can also occur. As with other food allergies, the only effective treatment is to remove fruits and/or vegetables from the diet. 5. Allergy to nuts, legumes and cereals Reaction to plants in the group of grains, legumes and nuts is very common in allergological consultations. In fact, as Ernesto Enrique Miranda, a physician specializing in the allergy of the allergy department of the General Hospital of Castellon, explains nuts with fruit are the first cause of food allergies in adults and one of the first in childhood. Symptoms and procedures correspond to all other food allergies. Cereals: According to Miranda, the prevalence of cereal allergies is low with other food groups, although it varies depending on age and geographic area. This type is common in childhood and usually disappears with age. Legumes: Most legume allergies are associated with consumption of soybeans, lentils, peas, chickpeas, green beans, altramuks or beans. This allergy is most common in countries with a Mediterranean diet, in the Middle East, India. In Spain legumes are in fifth place in foods involved in childhood allergies, being rare in adulthood. Nuts: Peanut allergy is the most common. In Anglo-Saxon countries it is considered a public health problem because 0.5% of the population is allergic to it and in 50% of the reactions it produces are so severe that they can even lead to death. Hazelnut is the second dried fruit that produces the most allergies. In addition, in Spain nuts and almonds cause many reactions. When a patient has experienced any reaction when eating any food, allergist Montserrat Fernandez recommends that you see a doctor. In these cases, a family doctor or pediatrician will examine the patient's symptoms and if they are suggestive the allergy will guide them to an allergist. Once you are in the specialist's office, a specialist will gather a detailed medical history of the reaction to try to establish which foods or foods have caused the reaction and establish a temporary link between intake and the onset of symptoms to send you the necessary tests to establish the diagnosis and confirm igE response to food. Currently, the only treatment for food allergies is the exclusion of the product from the diet. This recommendation seems simple, but nothing further from reality, says Fernandez. Proper nutrition means that the patient is constantly monitored to avoid exposure to current and hidden allergens that appear in processed foods. For this reason, the specialist recommends to monitor and read the food labels and the exact composition of dishes when performing outside the home to avoid accidental poisoning. In recent decades, specific treatments have started to evolve to try to change the immune system's response and cause oral tolerance in patients with persistent allergies. These treatments are known as oral desensitization or oral immunotherapy or allergy shots that can be promising for milk, peanuts and egg allergies. Skin tests in some cases can diagnose food allergies; a positive result does not necessarily mean that a person is allergic to a particular food, but a negative result indicates that he is unlikely to be sensitive to this food. After a positive result in a skin test, your allergist may need to perform an oral test to come to a definitive diagnosis. In an oral provocation test, suspicious food is hidden in another substance, milk or applesauce, and the patient strains it. If symptoms do not appear, the person is not allergic to this food. The best tests are blind tests; that is, sometimes the food in question is mixed with another substance, and sometimes it is not. Thus, the doctor can determine exactly whether the patient is allergic to this particular food. Eliminating the diet can help determine the cause of allergies. A person stops eating foods that presumably cause symptoms. Later they begin to enter into the diet one at a time. 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