

Allergen Data Collection:

Cow's Milk (*Bos domesticus*)

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Abstract

Cow's milk allergy (CMA) can be defined as any adverse reaction mediated by immunological mechanisms to cow's milk proteins. CMA can be divided in IgE-mediated reactions (IgE-CMA) and non-IgE-mediated reactions (non-IgE-CMA) which may involve other immunoglobulins, immune complexes and cell-mediated reactions. Patients with non-IgE-CMA and digestive symptoms can present with the following well defined clinical pictures: milk- induced enterocolitis, milk- induced proctitis, or milk- induced enteropathy. CMA should be differentiated from cow's milk intolerance (CMI) reactions due to lactase deficiency or other non immune mediated causes which are not subject of the present review. Most CMA has its onset in the first year of life, and becomes apparent at the time of weaning from breastfeeding.

Prevalences of CMA range from 1.6% to 2.8% in unselected children younger than 2 years of age (elimination / challenge proven). Oral tolerance is frequently acquired in about 50 to 90% of children with CMA within the first 6 years of life. However, severe CMA may persist into adulthood. The frequency of sensitization to cow's milk in adults has recently been estimated by RAST to be 0.7% and 1.2% in Scandinavian countries.

According to the onset of symptoms after milk ingestion CMA can be classified as immediate or delayed-type. The clinical picture can vary from mild to severe, involving the skin (eczema, hives, angioedema), gastrointestinal tract (oral pruritis, colic, vomiting, diarrhea, constipation), respiratory tract (cough, stridor, wheezing), and cardiovascular system (anaphylactic shock).

No single laboratory test is diagnostic of CMA. Clinical manifestations supported by skin tests and in vitro parameters are valuable. The diagnosis is confirmed by well-defined elimination and subsequent challenge procedures. If there is evidence of anaphylaxis, challenge should be avoided. The inadvertent ingestion of small amounts of cow's milk allergens hidden in foods can result in severe life- threatening clinical reactions. Cow's milk allergens could be present in breast milk, infant formulas, milk and milk products like cheese and yoghurt, as well as in "non-dairy" foods occurring as contaminants or unlabeled additives. The most effective treatment of CMA is allergen avoidance. Besides the optimal choice of breast milk, suitable milk substitutes in the nutrition of infants with CMA are soy hydrolyzed formulas, extensively casein and whey hydrolyzed formulas, and amino acid formulas. The exact frequency of sensitization to soy protein in children with CMA is still controversial. Soy allergy seems to be rare in IgE-CMA, while approximately 60% of children with milk- induced enterocolitis are sensitive to soybean. Due to clinically important residual allergenicity in some hypoallergenic formulas controlled clinical testing is necessary in each cow's milk sensitive infant before use. Due to the high homology of protein composition sheep's and goat's milk are cross-reactive in approximately 80% of subjects with CMA.

In infants and children the major cow's milk allergens are casein (CAS), beta- lactoglobulin (beta-LG), and alpha- lactalbumin (alpha-LA). Caseins (alpha-, beta-, kappa-CAS) are the most important in children and adults. Other allergens involved in CMA are bovine serum albumin (BSA) and bovine immunoglobulins. Several IgE- binding epitopes of alpha-LA, beta-LG, alpha- and beta-CAS have been described.

The present data collection summarizes the following topics in tabular form: prevalences of CMA, diagnostic and therapeutic features, molecular biological and allergenic properties of cow's milk allergens, stability and hidden presence of allergens, the use of infant formulas in therapy and prevention of CMA and other atopic diseases.

(Internet Symposium on Food Allergens 2000, 2(1):9- 74)

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Disclaimer

The reference lists of the Allergen Data Collections are based mainly on searches of Medline and FSTA (Food Science & Technology Abstracts) databases up to the related dates of publication. The scientific rigor of the studies listed is variable and not subject of critique or evaluation by the authors or the editor of the Allergen Data Collections. The reader should be aware of considerable problems in comparing data from different studies (eg. patient cohorts, diagnostic performances, possible flaws in allergen preparations and methodologies for allergen characterization) and is encouraged to review the original publications.

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1 Prevalence of Cow's Milk Allergy

1.1 General Population

Prevalences within the author's selected populations are listed. Those that are assigned randomly selected ("unselected") with numbers more than 500 may be regarded as representative of the "general population". Inclusion criteria may involve circumstances not related to atopic predisposition according to current knowledge.

Country / Subjects	Sensitivity / Allergy to	References
<i>Australia, Melbourne</i> 620 unselected children (age of <2 years)	cow's milk 2.0%	Hill et al. 1997, 1999
<i>Canada</i> 3000 unselected children (private practice)	cow's milk 0.3% (case history)	Collins-Williams 1956
<i>Canada</i> 787 unselected children (<3 years of age)	cow's milk 7.5% (2 open challenges)	Gerrard et al. 1973
<i>Denmark, Odense</i> a) 1749 unselected newborns b) 52% exclusively breast-fed infants	a) cow's milk 2.2% b) cow's milk 1.0% (elimination/challenge)	Host et al. 1988 Host & Halcken 1990
<i>Estonia</i> 251 consecutive born infants	cow's milk 1.2%, 0.8% (SPT) at 6 and 12 months	Julge et al. 1997
<i>Finland</i> unselected children (<6 months of age)	cow's milk 1.3-1.9% (with intestinal form only: 0.06%)	Kuitunen et al. 1985
<i>Finland, Helsinki</i> 866 children from well-baby clinic (1-6 years of age)	cow's milk 2-5% (open challenge)	Kajosaari 1982
<i>Germany</i> 1235 unselected preschool children (5-6 years)	cow's milk 3.9% (SPT)	Schäfer et al. 1999
<i>Iceland, Reykjavik</i> 502 unselected adults	cow's milk 1.2% (RAST)	Gislason et al. 1999
<i>Netherlands, Maastricht</i> 1158 unselected newborns (followed prospectively from birth to 1 year of age)	cow's milk 2.8% (elimination / challenge tests)	Schrandt et al. 1993b
<i>Sweden</i> 1397 unselected adults (20-44 years of age)	cow's milk 1.0% (RAST, questionnaire)	Björnsson et al. 1996
<i>Sweden, Linköping</i> healthy girls at birth and mean age of 3, 8, 25, and 48 months (n=57-86, all Rh negative)	cow's milk 0%, 4.6%, 9.0%, 0%, 1.2% (RAST)	Hattevig et al. 1984
<i>Sweden, Malmö</i> 1079 unselected children (age at onset 2-44 weeks)	cow's milk in 1.9% (elimination / challenge tests)	Jakobsson & Lindberg 1979
<i>Sweden, Uppsala</i> 414 unselected adults	cow's milk 0.7% (RAST)	Gislason et al. 1999
<i>Turkey, Adana</i> 1348 unselected children (age 15 weeks)	cow's milk in 1.6% (elimination / challenge tests)	Altintas et al. 1995
<i>UK, Isle of Wight</i> 609 unselected newborns	cow's milk 2.5% (case history)	Hide & Guyer 1983
<i>UK, Isle of Wight</i> unselected children (birth cohort of 1456 consecutively born children)	cow's milk in 4.1% (SPT)	Dean 1997

USA appr. 1000 unselected infants (private practice)	cow's milk appr. 7% (case history)	Clein 1951
USA 403 unselected infants (well-baby clinic)	cow's milk 1% (history, skin test)	Bachman & Dees 1957
USA 299 unselected newborns	cow's milk 1% (history, skin test)	Mueller et al. 1963
USA, Denver, CO 480 unselected children (age of 0 to 3 years)	cow's milk 2.2% (challenge tests)	Bock 1987

1.2 Subjects with Atopic or Other Diseases

Country / Subjects	Sensitivity / Allergy to	References
Finland, Oulu 57, 43, and 42 children with atopic dermatitis	cow's milk 12%, 9.3%, and 7.1% in patients < 1 year, 1-3 years, and 3-15 years of age (SPT)	Hannuksela 1987
Finland, Tampere 113 infants with atopic eczema (age of 2-24 months)	cow's milk 48% (oral challenge)	Kekki et al. 1997
France 81 cases of anaphylactic shock to food (from 1991-1992)	cow's milk 6.5%	Moneret-Vautrin & Kanny 1995
France 80 cases of food- related anaphylaxis (from 1993-97)	cow's milk 6.3% (reported to CICBAA databank)	European Commission 1998
France, Pierre Benite a) 580 patients with adverse reactions to food b) 60 cases of anaphylaxis (study period 1984-92)	a) cow's milk 18% b) cow's milk 3.3%	Andre et al. 1994
France, Nancy and Toulouse 544 food allergic children	cow's milk 8.3%, goat's milk 0.3% (food challenge)	Rance et al. 1999b
France, Toulouse 142 food allergic children	cow's milk 9.2 % (labial food challenge)	Rance & Dutau 1997
France, Toulouse 378 food allergic children	cow's milk 12% (food challenge)	Rance et al. 1999a
Germany, Berlin 107 children with atopic dermatitis (and suspicion of food allergy)	cow's milk 51% (n=92, DBPCFC)	Niggemann et al. 1999b
Germany, Bonn 150 food allergic children (egg white, milk, cod fish, wheat, peanut and/or soybean)	cow's milk 52.0% (RAST)	Liappis & Starke 1999
Italy, Bari 134 patients with atopic dermatitis	cow's milk 13% (case history), 21% (RAST)	Bonifazi et al. 1978
Italy, Florence 54 episodes of food-dependent anaphylaxis in 44 children (age of 1 month to 16 years) (from 1994-1996)	cow's milk 22% goat's milk 4%	Novembre et al. 1998
Italy, Palermo 204 children (median age of 6.3 months) with gastroesophageal reflux	cow's milk 9.3% (history) cow's milk 46% (RAST, SPT, eosinophils) cow's milk 42% (challenge test)	Iacono et al. 1996

Italy, Rome 371 children with food allergy	cow's milk 54% (RAST)	Giampietro et al. 1992
Japan, Tokyo 39 children with positive food challenge	cow's milk 28% (food challenge)	Iwasaki et al. 1994
Netherlands 131 cases of food- induced anaphylaxis (from 1993-1997)	cow's milk 8.4% (survey, reported to the TNO Nutrition and Food Research Institute)	European Commission 1998
Netherlands, Rotterdam 91 patients with atopic dermatitis	cow's milk 47% (SAFT)	Oranje et al. 1992
Poland 163 food allergic infants	cow's milk 64% (RAST)	Hofman 1994
Poland, Warsaw 153 hospitalized infants with respiratory symptoms	cow' milk 21%	Maciejewski et al. 1995
Singapore 124 children with food-induced anaphylaxis	cow's milk and/or egg 11%	Goh et al. 1999
Spain, Madrid 355 food allergic children	cow's milk 25% (SPT, RAST)	Crespo et al. 1995
Spain, Pamplona 74 patients with atopic dermatitis	cow's milk 37% (SPT, RAST, Histamine Release)	Resano et al. 1998
Sweden a) 61 cases and b) 55 cases of food- induced anaphylaxis (from 1994-1996)	a) cow's milk 20% (reported to the National Food Administration) b) cow's milk 5.5% (Hospital Reports)	European Commission 1998
Switzerland, Zurich 402 food allergic adults	cow's milk 16% (cheese only 6.2%, milk only 3.5%)	Wüthrich 1993
Switzerland, Zurich 383 food allergic patients (study period 1990-94)	cow's milk 11% cheese 5.7%	Etesamifar & Wüthrich 1998
Thailand 100 asthmatic children	milk 2% (SPT)	Kongpanichkul et al. 1997
UK, London 100 patients with food intolerance	cow's milk 46%, cheese only 5% (repeated challenge)	Lessof et al. 1980
UK, Manchester 172 patients experienced anaphylactic reactions to foods (from 1994-1996)	cow's milk 1.7% (suspected cause of patients' worst reaction)	Pumphrey & Stanworth 1996
USA, Baltimore, MD 196 food-allergic patients with atopic dermatitis	cow's milk 50% (n=109, DBPCFC)	Sampson & Ho 1997
USA, Baltimore, MD 11 beef-allergic patients (DBPCFC)	cow's milk 73% (DBPCFC)	Werfel et al. 1997a
USA, Denver, CO 180 food allergic children	cow's milk 23% (DBPCFC)	Bock & Atkins 1990
USA, Little Rock, AR 165 patients with atopic dermatitis	cow's milk 19% (SPT) from which 50% were DBPCFC-positive	Burks et al. 1998
USA, New Haven, CT 98 infants and children with multiple gastrointestinal allergies	soy and milk 62% milk and gluten 3%	Gryboski & Kocoshis 1980
USA, New Haven, CT 38 children with ulcerative colitis (age of <10 years)	cow's milk 13% (history)	Gryboski 1993
USA, OH 148 respiratory-allergic children with reproduced symptoms after food challenge	cow's milk 29%	Ogle et al. 1980

1.3 Prevalence of Associated Allergies

Country / Subjects	Sensitivity / Allergy to	References
<i>Australia, Parkville</i> 42 children with CMA (followed for 2 years)	egg 67%, peanut 55% (challenge test)	Hill et al. 1994
<i>Finland, Helsinki</i> 19 children with CMA	soybean 32%	Paganus et al. 1992
<i>Sweden, Malmö</i> 20 infants with CMA (age of <12 months)	soybean in 35%	Jakobsson & Lindberg 1979
<i>Thailand, Bangkok</i> cow's milk-sensitive children	soybean 17%	Harikul et al. 1995
<i>USA, New Haven, CT</i> 98 infants and children with multiple gastrointestinal allergies	soy and milk 62% milk and gluten 3%	Gryboski & Kocoshis 1980
<i>USA, San Diego, CA</i> cow's milk-sensitive infants	soybean 25%	Wilson & Hamburger 1988
<i>USA, San Diego, CA</i> 93 children with CMA (<3.5 years)	soybean 14 % (DBPCFC, open challenge, or convincing history of an anaphylactic reaction)	Zeiger et al. 1999

2 Outgrowing of Cow's Milk Allergy

Country / Subjects	Sensitivity	References
Australia, Victoria 47 with CMA (age of 3-66 months) with onset of symptoms a) <1 hour (n=15), b) 1 to 20 hours (n=24) or, c) >20 hours (n=8)	Oral tolerance acquired at follow-up of 16 months in: a) 40%, b) 42%, c) 25% of patients	Hill et al. 1989
Australia, Victoria 97 children with CMA	Tolerance in 28% by 2 years, in 56% by 4 years, and 78% by 6 years of age (DBPCFC)	Bishop et al. 1990
Canada 150 children with CMA	Tolerance in 6% by 1 year, 20% by 2 years, in 30% by 3 years, and 53% by 12 years of age	Gerrard et al. 1967
Denmark, Odense 39 children with CMA	Total recovery in 56% by 1 year, 77% by 2 years, and 87% by 3 years of age; cow's milk allergy persisted in 24% of patients with early IgE sensitization to cow's milk	Host & Halcken 1990
Finland, Tampere 37 patients with a history of CMA (mean age of 28 months)	Oral tolerance acquired at follow-up of 13 months in 65% of patients	Isolauri et al. 1992
France, Nancy and Toulouse 68 children with CMA	Sensitivity to cow's milk according to age groups: 0-1 year in 22% 1-3 years in 56% 3-6 years in 19% 6-15 years in 2.9% (SPT and/or RAST, food challenge)	Rance et al. 1999b
Italy, Rome 37 children with CMA	Tolerance acquired in 68% at age of 2 years; 33% did not tolerate cow's milk at age of 6 years	Businco et al. 1985
Japan, Gifu 22 children with CMA and atopic dermatitis	41% Improvement rate in children aged from <1 year to >6 years	Iida et al. 1995
Netherlands, Groningen 23 children with CMA	Oral tolerance acquired in 13%, 48%, 74% and 78% of children at the age of 1, 2, 3 and 4 years, respectively	Olsder et al. 1995
Netherlands, Maastricht 37 children with CMA	Oral tolerance acquired in 15%, 22%, 51% and 67% of the children at the age of 1, 2, 3 and 4 years, respectively; 90% with initial IgE levels <10 kU/L and 47% with initial IgE \geq 10 kU/L became tolerant	Schrandt et al. 1992
Switzerland, Zurich 34 adults with CMA	Oral tolerance acquired in 28% after 4 years of disease	Stoger & Wüthrich 1993
Turkey, Adana 21 children with CMA (age 15 weeks)	29% recovered within 2 years	Altintas et al. 1995
USA Food allergic patients	soy, egg, milk, wheat, and peanut: 26% loss (after 1 year of onset, DBPCFC)	Sampson & Scanlon 1989
USA, Baltimore, MD 29 children with CMA	Tolerance acquired in 38% at median age of 3 years (DBPCFC)	James & Sampson 1992

3 Symptoms of Cow's Milk Allergy

Symptoms & Case Reports

systemic reactions

anaphylaxis (20, 21, 24, 36, 40, 46, 44, 53, 54, 55, 62, 68, 69, 73, 74), exercise induced anaphylaxis (54, 60, 72), fatal reactions (47a, **48)

cutaneous symptoms

angioedema (8, 18, 17, 44, 54, 74), atopic dermatitis (22, 23, 24, 27, 35, 74), contact urticaria (19), dermatitis (66), eczema (3, 6, 8, 9, 17, 25, 29, 30, 50, 67), erythema (29, 54), exanthema (6), lips edema (10), pruritus (2), redness (54), swelling of eyelids (54), urticaria (2, 6, 8, 10, 17, 18, 22, 23, 26, 30, 39, 44, 50, 54, 67, 74), chronic urticaria (61)

gastrointestinal symptoms

abdominal cramps (2), abdominal distention (42), abdominal pain (44), colic (3, 50, 66), infantile colic syndrome (1, 5, 6), colitis (56, 63), constipation (3, 66), chronic constipation (48, 51), diarrhea (2, 3, 6, 10, 11, 15, 17, 25, 29, 39, 42, 44, 50, 66, 67), chronic diarrhea (12), food protein-induced enterocolitis syndrome (absence of specific IgE) (69), eosinophilic colitis (31), eosinophilic gastroenteritis (28), gastroenteritis (11), gastro-oesophageal reflux (13, 57, 58, 65), morphologic lesion (15), nausea (44), proctitis (32), progressive small bowel mucosal damage (26), occult intestinal bleeding (4), oropharyngeal itching / swelling (39, 44), oropharyngeal pruritus (71), edema of tongue (10), acute pancreatitis (33), loose stools (67), vomiting (2, 3, 6, 11, 17, 22, 25, 66, 67), in general (30, 74)

respiratory symptoms

allergic alveolitis (7, 16), asthma (3, 10, 11, 18, 22, 39, 44, 45, 47, 49, 54, 68, 73), bronchospasm (29), bronchitis (6, 17), conjunctivitis (73), coughing (25, 50), dyspnea (50, 54, 71), nasal blockade (71), allergic rhinitis (22), rhinitis (29, 44, 54), rhinoconjunctivitis (44, 45, 54), serous rhinorrhea (71), sneezing (71), wheeze (25, 50, 66)

other symptoms

association with cytomegalovirus colitis* (64), infantile autism* (52), anal fistula and fissures (48), growth retardation / failure to thrive (3, 6), insomnia (14), iron deficiency anemia in 20-70% (11), lactic acidosis (75), Melkersson-Rosenthal syndrome* (59), migraine* (38), necrotizing enterocolitis (43), steroid-resistant nephrotic syndrome (41), pallor (17), psychological disturbance (3), pulmonary hemosiderosis (34), tension-fatigue syndrome (37), lethargy (69)

* controversial / hypothetical, ** possibly due to partially hydrolyzed whey formula

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|---|--|---|
| (1) Harris et al. 1977 | (27) Cantani et al. 1990 | (52) Lucarelli et al. 1995 |
| (2) Bonifazi et al. 1978 | (28) Hill & Milla 1990 | (53) Moneret-Vautrin & Kanny 1995 |
| (3) Buissere 1978 | (29) Husby et al. 1990 | (54) Wüthrich & Johansson 1995 |
| (4) Ivady et al. 1978 | (30) Isolauri et al. 1990 | (55) Wüthrich et al. 1995 |
| (5) Jakobsson & Lindberg 1978 | (31) Wilson et al. 1990 | (56) Armisen Pedrejon et al. 1996 |
| (6) Jakobsson & Lindberg 1979 | (32) Lake 1991 | (57) Cavataio et al. 1996 |
| (7) Chetty 1982 | (33) de Diego et al. 1992 | (58) Iacono et al. 1996 |
| (8) Firer et al. 1982 | (34) Fossati et al. 1992 | (59) Levy et al. 1996a |
| (9) Taylor et al. 1982 | (35) James & Sampson 1992 | (60) Levy et al. 1996b |
| (10) Businco et al. 1983a | (36) Jones et al. 1992 | (61) Paranos & Nikolic 1996 |
| (11) Podleski et al. 1984 | (37) Kondo et al. 1992 | (62) Tabar et al. 1996 |
| (12) Businco et al. 1985 | (38) Mylek 1992 | (63) Weisselberg et al. 1996 |
| (13) Forget & Arends 1985 | (39) Norgaard & Bindslev-Jensen 1992 | (64) Jonkhoff-Slok et al. 1997 |
| (14) Kahn et al. 1985, 1987 | (40) Sampson et al. 1992 | (65) Iacono et al. 1998a, 1998b |
| (15) Kuitunen et al. 1985 | (41) Sieniawska et al. 1992 | (66) Iacono et al. 1998c |
| (16) Vergesslich et al. 1985 | (42) Hayashi et al. 1993 | (67) Jarvinen et al. 1998 |
| (17) Hill et al. 1986 | (43) Michaud et al. 1993 | (68) Kanny et al. 1998 |
| (18) Koers 1986 | (44) Stoger & Wüthrich 1993 | (69) Laoprasert et al. 1998 |
| (19) Salo et al. 1986 | (45) Bernaola et al. 1994 | (70) Sicherer et al. 1998 |
| (20) Wüthrich & Hofer 1986 | (46) Businco et al. 1994 | (71) Vila Sexto et al. 1998 |
| (21) Jarmoc & Primack 1987 | (47a) Malmheden Yman et al. 1994 | (72) Fiocchi et al. 1999 |
| (22) Host & Samuelsson 1988 | (47) Rossi et al. 1994 | (73) Goh et al. 1999 |
| (23) Prahl et al. 1988 | (48) Tarim et al. 1994 | (74) Rance et al. 1999b |
| (24) Businco et al. 1989 | (49) Vargiu et al. 1994 | (75) Rizk et al. 1999 |
| (25) Hill et al. 1989 | (50) Altintas et al. 1995 | |
| (26) Iyngkaran et al. 1989 | (51) Iacono et al. 1995a | |

Percentage of Reactions												References
Symptoms / Ref.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Anaphylaxis	5%	100%			5%				2%		7.8%	(1) Goldman et al. 1963a
Cutaneous				64%		31%	79%	93%		58%		(2) Schwartz et al. 1987
+ Gastrointestinal										19%		(3) Bishop et al. 1990
+ Respiratory										13%		(4) Host & Halken 1990
All 3 organ systems										4%		(5) Schwartz 1991
Atopic dermatitis	41%		21%					100%		100%	50%	(6) Schrandner et al. 1993b
Conjunctivitis											3.1%	(7) Stoger & Wüthrich 1993
Urticaria / Angio-oedema											28%	(8) Sampson & Ho 1997
Angio-oedema		66%			65%				13%			(9) Hill et al. 1999
Urticaria	10%				100%							(10) Niggemann et al. 1999b
Generalized urticaria		69%			45%				10%			(11) Rance et al. 1999b
Contact urticaria		59%			80%							
Eczema					33%				13%			
Circumoral lesions									26%			
Gastrointestinal				59%		50%	42%	65%		4%	7.8%	
Vomiting	34%				13%				41%			
Diarrhoea	47%				3%				48%			
Colic									14%			
Colitis									4%			
Abdominal pain	41%											
Respiratory				33%		19%	91%	48%		2%		
Allergic rhinitis	43%		43%		28%				21%			
Asthma	37%	55%	40%									
Cough / Wheeze		48%			65%				29%			
Other	6%											
Failure to thrive									22%			
Gastro-oesophageal reflux									6%			
Convulsion					2%				2%			
No. of patients	45	29	97	39	75	26	34	54	100	47	68	

Children with CMA
 diagnosed by
 (1) clinical history, oral challenge
 (2) clinical history of anaphylactic reactions, RAST
 (3) parents reported
 (4, 6) elimination / challenge
 (5) clinical history, SPT
 (8, 10) DBPCFC
 (11) labial food challenge

Adults with CMA
 diagnosed by
 (7) clinical history, RAST

(1) [Björkstén et al. 1983](#)
 (2) [Ventura & Greco 1988](#)
 (3) [Sutas et al. 1997](#)
 (4) [Niggemann et al. 1999b](#)

Children with CMA
 diagnosed by
 (1) clinical history
 (2) elimination / challenge
 (3, 4) DBPCFC

Onset of Symptoms				
Type of Reactions	(1)	(2)	(3)	(4)
immediate	53%		46%	64%
delayed reactions	47%		54%	28%
both				8%
< 6 hours		51%		
within 6-12 hours		13%		
within 12-24 hours		10%		
> 24 hours		26%		
No. of patients	47	125	50	47

Age at Onset of CMA

Onset in 30% of children with CMA in the first month of life (1) and in 96% at <1 year of age (2)

- (1) [Savilahti 1981](#)
- (2) [Bock 1987](#)

Cluster Groups

3 clusters of patients with CMA using a K-means algorithm (data of case history and effects of a standardized milk challenge):

Percentage of patients	Onset of Symptoms	Symptoms	Diagnostics
a) 27-32%	after <45 min	predominantly urticarial and angioedematous eruptions	positive skin tests, elevated total and milk specific serum IgE
b) 51-53%	45 min to 20 hours	pallor, vomiting, or diarrhea	relatively IgA deficient* (1)
c) 17-20%	after >20 hours	eczematous or bronchitic or diarrheal symptoms	positive skin tests and elevated specific IgE only in patients with eczema

- (1) [Hill et al. 1986](#)
- (2) [Firer et al. 1987](#)
- (3) [Hill et al. 1989](#)

*milk- specific IgA, IgG and IgM levels similar in all groups and controls (2)
 (1) 100 cow's milk allergic children (mean age of 6 month)
 (2, 3) 47 cow's milk allergic children (age 4-66 months)

Threshold of Ingestion

Amounts of cow's milk inducing symptoms ranged from 5 g to 250 g (DBPCFC) (1)
 Fatal anaphylaxis after ingestion of 100g of a sausage containing 60 mg CAS (2)
 The quantity of ingested whey proteins elicited anaphylactic reactions in a 3-year-old boy was estimated to be 120-180 µg (equivalent to 23 to 24 µL of milk) (3)

- (1) [Norgaard & Bindsvlev-Jensen 1992](#)
- (2) [Malmheden Yman et al. 1994](#)
- (3) [Laoprasert et al. 1998](#)

4 Diagnostic Features of Cow's Milk Allergy

- [\[Family History / Maternal Factors\]](#) [\[Humoral Parameters\]](#) [\[Cellular Parameters\]](#)
- [\[Gastrointestinal Parameters\]](#) [\[Test Significance\]](#) [\[Other Features\]](#)

Family History / Maternal Factors				References
Family History				
Subjects / Follow-up	Manifestation of CMA	Family History of Atopic Disease	Ref.	
children (siblings with CMA)	in 33%	positive	(1)	
formula fed infants (5th day to 3 months)	in 40%*	positive	(2)	
formula fed infants (5th day to 3 months)	in 13%*	negative	(2)	
29 children with severe CMA (1 to 10 months)		in 89% (1 parent) in 50% (both parents)	(3)	(1) Gerrard et al. 1973
91 children (8 months)	with gastrointestinal symptoms	in 34% (14%)	(4)	(2) Vandenplas & Sacre 1986
57 children (8 months)	with extraintestinal symptoms	in 53% (5%)	(4)	(3) Schwartz et al. 1987
12 infants (birth to 5 years)	persistent** (a)	in 83%	(5)	(4) Ventura & Greco 1988
26 infants (birth to 5 years)	resolved within 1-2 years (b)	in 38%	(5)	(5) Iacono et al. 1998c
*significance P <0.001 **symptoms at onset predominantly gastrointestinal, at the end of the study increased frequency of wheezing, constipation, and delayed reactions (a, b) multiple food intolerance in a) 92%, and b) 12%, respectively (3) occurrence of severe CMA in a pair of identical twins and HLA-identical siblings (4) family history of CMA in paranthesis				

Maternal Parameters in Breast Milk

Mothers from	IgG	IgA	TGF-beta-1	HLA-DR #	Total No. of Leukocytes	Ref.
6 infants with CMA		(-)*				(1)
65 infants with IgE-mediated CMA			(-)*			(3)
37 with non-IgE mediated CMA			(+)*			(3)
36 infants with CMA				(-)**	(+)	(2)
24 healthy infants				(+)**	(-)	(2)

*in colostral breast milk samples, **significance $p=0.012$

(-) lower, (+) higher values

expression on breast milk macrophages

(2) asymptomatic mothers

(3) TGF-beta-1 positive correlation to beta-LG spec. IgA and CAS spec. IgG, negative correlation to SPT and lymphocyte stimulation with beta-LG or CAS

- (1) [Savilahti et al. 1991](#)
 (2) [Jarvinen et al. 1999a](#)
 (3) [Saarinen et al. 1999b](#)

Maternal Serum IgG

(1) Mothers of infants who a) developed allergy or b) presented no symptoms: Statistically lower serum IgG anti- beta-LG levels in a) than in b) ($P < 0.001$)

- (1) [Casimir et al. 1989](#)

Humoral Parameters	References																				
<p>Specific Serum IgE Positivity and mean values of cow's milk specific serum IgE:</p> <table border="1"> <thead> <tr> <th>Patients / Reference</th> <th>(1)</th> <th>(2)</th> <th>(3)</th> </tr> </thead> <tbody> <tr> <td>with history of CMA</td> <td>(+) in 71%</td> <td></td> <td></td> </tr> <tr> <td>cow's milk tolerant children</td> <td>(+) in 27%</td> <td></td> <td></td> </tr> <tr> <td>cow's milk DBPCFC positive</td> <td></td> <td>34 kU/L*</td> <td>3.9 kU/L**</td> </tr> <tr> <td>cow's milk DBPCFC negative</td> <td></td> <td>1.7 kU/L*</td> <td>0.6 kU/L**</td> </tr> </tbody> </table> <p>(+) increased IgE levels, *significance $P < 0.0001$, **significance $P < 0.001$ (1) 69 children with food intolerance, IgG levels seemed to parallel IgE levels, no differences in IgA levels in allergic and control subjects (2) 196 children and adolescents with atopic dermatitis (90% family history of atopic diseases) (3) 107 children with atopic dermatitis</p>	Patients / Reference	(1)	(2)	(3)	with history of CMA	(+) in 71%			cow's milk tolerant children	(+) in 27%			cow's milk DBPCFC positive		34 kU/L*	3.9 kU/L**	cow's milk DBPCFC negative		1.7 kU/L*	0.6 kU/L**	<p>(1) Dannaeus et al. 1977 (2) Sampson & Ho 1997 (3) Niggemann et al. 1999b</p>
Patients / Reference	(1)	(2)	(3)																		
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<p>Specific IgE, Persistent Allergy Significantly elevated levels of milk- and CAS- specific IgE in children with persistent cow's milk allergy (age of >9 years) as compared to children with CMA at the age of <3 years (RAST) (1)</p>	<p>(1) Sicherer & Sampson 1999</p>																				
<p>Specific IgE, Immediate Reactors, Tolerance 69 IgE- sensitized immediate reacting children with CMA (median age of 24 months) median study period of 2 years: 22% developed clinical tolerance, had lower specific IgE levels at the beginning and the end of study period, and significant fall in SPT reactivity (1)</p>	<p>(1) Hill et al. 1993b</p>																				
<p>beta-LG Specific B Cell Epitopes, Immediate and Delayed Type CMA 8 immediate type patients with CMA (systemic reactions) and 6 delayed type patients with CMA (skin reactions) recognized same B cell epitope (beta-LG aa 95-113), no difference in IgE-binding peptide pattern (RAST inhibition, Pin-ELISA) (1)</p>	<p>(1) Heinzmann et al. 1999</p>																				

Specific Serum IgG and IgA

Percentage of positivity of specific serum IgA and IgG antibodies:

Specificity	IgA	IgG	Ref.
alpha-LA	a) 43% b) 44%	a) 57% b) 69%	(1)
beta-LG	a) 71% b) 50%	a) 43% b) 75%	(1)
beta-LG		a > b	(2)
beta-LG		a, c > b	(3)
BSA		a > b	(2)
BSA		a, c > b	(3)
CAS	a) 86% b) 44%	a) 86% b) 69%	(1)
CAS		a > b "	(3)
pooled alpha-LA, beta-LG, CAS	a) 71% b) 38%	a) 57% b) 63%	(1)

NS = no significant differences

(1) children (age of 3 months to 6 years): a) 7 with CMA (cutaneous symptoms),

b) 16 with CMA (gastrointestinal symptoms)

(2) a) 10 infants fed cow's milk- based formula, b) 10 infants fed a CAS

hydrolysate formula until the age of 9 months

(3) 129 children a) cow's milk formula fed, b) CAS hydrolysate formula fed, c)

breast fed during the first 3 days of life, otherwise exclusively breast fed, follow-up

for 2 years (" at 8 and 12 months)

(1) [Bottaro et al. 1992](#)(2) [Vaarala et al. 1995](#)(3) [Juvonen et al. 1999](#)**Specific IgE and IgG Subclass, IgA, Ratios**

spec. Ig	Cow's Milk	CAS	beta-LG
IgE		a > b (4); + (8)	a > b (4)
IgE/IgG		a > b (4)	a > b (4)
IgG1		a > b (4); + (8)	c > d, e, f** (6); + (8)
IgG4	NS (1) a > b > c (2)	a > b > c (2) a > b (4)	a > c; b > c (2) + (8)
IgE/IgG1		a > b (4)	a > b (4)
IgE/IgG4		a > b (4)	a > b (4)
IgG	(+) (3) (-) NS (5)	NS (4)	NS (4), NS (7)
IgA	(-) (3)		

(+) increase, (-) decrease, (NS) no significant differences

**ratios of IgG1/IgG, IgG1/IgG3 and IgG1/IgG4 same tendency

(1) no relation to provocation test in 14 children with immediate reactions to cow's milk, 15 cow's milk tolerant children

(2) children with immediate type CMA, SPT positive to a) cow's milk (n=20), b) cow's milk and whey hydrolyzed formula (n=17), c) cow's milk, whey and CAS hydrolyzed formulas (n=13)

(3) 21 children with challenge proven CMA

(4) a) 18 children with CMA, b) 11 children acquired tolerance

(5) 28 adults with CMA (aged from 16 to 58 years)

(6) c) children with CMA predominantly gastrointestinal, or d) skin symptoms of immediate-onset, e) children with untreated coeliac disease and f) healthy children

(7) a) 12 children with persistent CMA up to age of 5 years, b) 26 controls

(8) 15 adults with CMA (average age of 39.5 years)

(1) [Björkstén et al. 1983](#)(2) [Schwartz 1991](#)(3) [Tainio & Savilahti 1990](#)(4) [James & Sampson 1992](#)(5) [Stoger & Wüthrich 1993](#)(6) [Saalman et al. 1995](#)(7) [Iacono et al. 1998c](#)(8) [Little et al. 1998](#)

Symptoms and Prevalence of Specific IgE

Positivity of cow's milk specific serum IgE in 148 children with CMA according to symptoms:

Symptoms	IgE	Symptoms	IgE
Respiratory	100%	Persisting diarrhea	33%
Eczema	71%	Severe colics	27%
Urticaria / Anaphylaxis	56%	Total	48%
Vomiting	47%	Gastrointestinal	33%
Failure to thrive	33%	Extraintestinal	72%

[Ventura & Greco 1988](#)

Serum Eosinophilic Cationic Protein (ECP)

After 4 weeks of elimination diet; measurement of ECP before oral cow's milk challenge, 27 hours and 1 week after in 28 cow's milk allergic children (age of 5.8 to 43 months): Increased, transient ECP serum levels during challenge in patients with skin manifestations but not in patients with gastrointestinal symptoms (1)

(1) [Suomalainen et al. 1994b](#)

Soluble IL-2 Receptor

Elevated serum levels of soluble IL-2 receptor in 16 children with non- IgE mediated CMA and in 8 children with IgE mediated CMA as compared to 19 children with other IgE-mediated food intolerance (1)

(1) [Blanco Quiros et al. 1993](#)

Specific TABM

Elevated serum levels of T-cell derived antigen- binding molecules (TABM) specific for alpha-LA, beta-LG, and CAS in 6 to 7 of 15 adults with CMA (1)

(1) [Little et al. 1998](#)

Cellular Parameters					References
<i>Lymphocyte Subclasses, Antigen Expression</i>					
Patients	T-Cells	B-Cells	PBMC	Ref.	
29 children with severe CMA			(NS) HLA-A, -B, -DR	(1)	
7 children with CMA and atopic dermatitis	(+)* CLA+			(2)	
children with CMA	(+) CD8+			(3)	
37 children with CMA	(+)* HLA-DQ7			(4)	
24 children with CMA (0.4-10 months)	(-)* CD8+	(+)* total No. (+)* CD19+		(5)	(1) Schwartz et al. 1987
9 children with IgE-CMA	(+)* alpha4beta7 integrin		(NS) CD3+CD4+ (-)* CD3+CD8+	(6)	(2) Abernathy-Carver et al. 1995
15 fed with cow's milk formula			(+)* PCNA	(7)	(3) Nakajima et al. 1996
7 breast fed children			(+)* CD23+	(7)	(4) Camponeschi et al. 1997
<p>(+) increase, (-) decrease, * significant, (NS) no significant difference</p> <p>(1) preparations from unstimulated PBMC</p> <p>(2) in vitro stimulation with CAS</p> <p>(3) stimulation with alpha s1-CAS</p> <p>(4) majority of HLA-DQ7 positive patients presented a high humoral response rather than cellular response (stimulation with beta-LG)</p> <p>(5) challenge proven patients, compared to healthy controls (no stimulation)</p> <p>(6) mean age of 28 months (7 months to 9.3 years), beta-LG stimulated PBMC</p> <p>(7) children with IgE- mediated CMA (3-11 months of age), PCNA expression >=10% as specific and sensitive marker of CMA in cow's milk fed infants, low cow's milk antigen diets are related with reduced lymphocyte reactivity in whey hydrolyzed fed and breast fed infants (stimulation with beta-LG)</p> <p>CLA - cutaneous lymphocyte antigen (responsible for skin homing)</p> <p>PCNA - proliferating cell nuclear antigen</p>					<p>(5) Jarvinen et al. 1998</p> <p>(6) Eigenmann et al. 1999</p> <p>(7) Papadopoulos et al. 1999</p>

Lymphocyte* / PBMC Proliferation**

Patients / Stimulation with	Cow's Milk Proteins	beta-LG	BSA	CAS	Ref.
17 children with CMA		(+)	(+)		(1)*
children with CMA (challenge proven)		(+)			(2)*
a) children with CMA b) children with CMA (immediate type, RAST positive)		a) (+) b) (-)	a) (+) b) (-)		(3)**
children with CMA and atopic dermatitis			(+)		(4)**
a) children with CMA (gastrointestinal symptoms) b) children with CMA (skin or no symptoms)	a > b				(5)*
10 children with CMA	NS"			NS	(6)**
a) <5 years, b) >6 years of age			a > b		(7)**
a) 10 infants fed cow's milk- based formula b) 10 infants fed a CAS hydrolysate formula		a > b	a > b	a > b"	(8)**
a) 27 children with IgE mediated CMA b) 9 children with milk induced enterocolitis syndrome	a) (+) a vs b: NS				(9)*
a) 22 patients with cow's milk responsive atopic eczema b) 66 patients with atopic eczema (non-responsive)				a > b	(10)**

(+) higher stimulation index or proliferation, (NS) no significant differences

- (1) significant proliferation with at least one milk antigen in 15 patients
- (2) in children without specific IgE
- (3) 3 children with CMA and tension- fatigue syndrome (cow's milk RAST scores in a) negative or slightly positive)
- (4) as compared to children with immediate allergic symptoms and controls
- (5) 44 children with CMA (mean age of 16 months) after 2-4 weeks of elimination diet, proliferation response abrogated after clinical challenge
- (6) as compared to control group (" stimulation with whey hydrolyzed formula and proteins), lower stimulation with hydrolyzed formula
- (7) 22 children with CMA and atopic dermatitis, proliferative response decreased rapidly after elimination diet
- (8) fed until the age of 9 months (" stimulation with alpha-CAS)
- (9) a) as compared to control group (significant, but extensive overlap), group a) also responded to soybean antigen
- (10) age of 16-67 years (median 28 years)

- (1) [Endre & Osvath 1975](#)
- (2) [Tainio & Savilahti 1990](#)
- (3) [Kondo et al. 1992](#)
- (4) [Kondo et al. 1993](#)
- (5) [Suomalainen et al. 1994a](#)
- (6) [Eigenmann et al. 1995](#)
- (7) [Iida et al. 1995](#)
- (8) [Vaarala et al. 1995](#)
- (9) [Hoffman et al. 1997](#)
- (10) [Werfel et al. 1997b](#)

Lymphocyte Transformation

Lymphocyte transformation test a) before and b) 30 days after elimination of cow's milk from the diet: a) significantly increased lymphoblastogenesis (P <0.01), b) no differences in 19 children with CMA (1)

- (1) [Brarda et al. 1989](#)

CBMC Proliferation, IFN-gamma

Stimulation of cord blood mononuclear cells (CBMC) with cow's milk proteins: pronounced proliferation of cells stimulated with alpha-LA, beta-LG, and alpha-CAS; preferentially reduced IFN-gamma levels in individuals with positive parental allergic history (39 randomly selected newborns) (1)

- (1) [Szepefalusi et al. 1997](#)

Cytokine Production by Lymphocytes

Patients / Cytokines	IFN-gamma	TNF-alpha	IL-4	Ref.
a) immediate- reacting b) late- reacting c) milk tolerant	a < c, b*			(1)
a) children with CMA b) children who acquired tolerance	a < b < c			(2)
children with CMA		(+)		(3, 4)
a) children with CMA b) children who acquired tolerance		a > b		(4)
a) immediate- reacting b) late- reacting	a) (+) b) (-)			(5)
children with atopic dermatitis (milk responsive)			(-)	(6)
a) children with CMA (cutaneous symptoms) b) children with CMA (predominantly digestive symptoms) d) children who acquired tolerance		a > b > c, d (")		(7)
31 children with CMA	(-)*	(-)*		(8)

* significant, c) healthy control group, (+) positive response
 (1) 75 (a) and 17 (b) children with CMA and 59 (c) tolerant children (age of 1 to 9 years) (stimulation with beta-LG)
 (2) 22 children
 (3, 4) stimulation of PBMC with cow's milk proteins
 (5) lower thresholds of stimulation in a) as compared to b)
 (5) 50 cow's milk allergic children (age of 2 to 60 months) (DBPCFC positive) with atopic dermatitis, after DBPCFC difference in IFN-gamma generation abolished
 (6) IL-4 production of CD4+ CAS specific T-cell clones (compared to house dust mite sensitive patients)
 (7) 83 children, measured in whole blood cultured with cow's milk proteins, day 1 (") followed by TNF-alpha degradation, day 5: secretion peak in group b)
 (8) challenge proven children with either skin or gastrointestinal symptoms or both compared to healthy controls (age of 0.12-11.2 months), unstimulated PBMC and mitogen- induced production

- (1) [Hill et al. 1993a](#)
- (2) [Suomalainen et al. 1993a](#)
- (3) [Heyman et al. 1994](#)
- (4) [Benlounes et al. 1996](#)
- (5) [Sutas et al. 1997](#)
- (6) [Werfel et al. 1997b](#)
- (7) [Benlounes et al. 1999](#)
- (8) [Österlund et al. 1999](#)

Cytokine Secreting Cells in Blood and Duodenal Mucosa

Frequency of spontaneously cytokine secreting mononuclear cells in the

	blood	duodenal mucosa
INF-gamma	a, b > c	a > c
IL-4	b > a > c	a > c
IL-5	a, b > c	a = c
IL-10	a, b > c	a < c

- (1) [Hauer et al. 1997](#)

children with a) CMSE, b) CMA, and c) age matched controls
 Cytokine secreting cells more frequently in duodenal mucosa than in the blood

PBMC, Migration Inhibition Factor

In vitro assay of lymphocyte migration inhibition factor (MIF), stimulation of peripheral blood lymphocytes with beta-LG: significant higher MIF production in 24 children with CMA than in control subjects; most of 18 children recovered from CMA had negativ assay (1)

- (1) [Ashkenazi et al. 1980](#)

Lymphocytes, Suppressor Activity

Decreased suppressor activity of isolated lymphocytes induced by either Concanavalin A or cow's milk in 10 children with CMA as compared to controls and patients who acquired cow's milk tolerance (1)

- (1) [Suomalainen et al. 1993b](#)

Cell Mediated Cytotoxicity

Antibody- dependent cell- mediated cytotoxicity (ADCC) to beta-LG- coated cells rather induced in most sera of children with CMA and predominantly gastrointestinal symptoms than in sera of children with skin reactions (immediate- type), children with untreated coeliac disease, or healthy children; ADCC reactivity of individual sera correlated with their IgG1 antibody levels (1)

(1) [Saalman et al. 1995](#)

Gastrointestinal Parameters	References												
<p>Salivary IgA 158 healthy mature infants at birth: Salivary anti-CAS IgA was significantly higher ($P < 0.05$) in high risk infants than in no risk or low risk infants; salivary anti-CAS IgA values correlated with maternal allergy, but not with paternal allergy (1)</p>	(1) Renz et al. 1990												
<p>Pancreatic Enzymes children with CMA (median age 3 months) fed with a) a hydrolyzed CAS- based formula or b) a soy- protein based formula: No significant difference in pancreatic secretion between both groups for any of the enzymes studied (trypsin, chymotrypsin, lipase, and phospholipase) during diet of 6 weeks (1)</p>	(1) Carroccio et al. 1997												
<p>Duodenal Fluid, Specific IgE and IgD increased levels of cow's milk protein (and soybean agglutinin) specific IgE and IgD in basal and pancreozymin- stimulated duodenal fluid in 13 children with various intestinal diseases (1)</p>	(1) Freier et al. 1983												
<p>Jejunal Fluid, Hyaluronic acid, Albumin Jejunal fluid levels of hyaluronan (hyaluronic acid) and albumin increased after milk perfusion challenges in 5 adults with CMA (DBPCFC positive, SPT and RAST negative, lactose tolerant) as compared with control group (1)</p>	(1) Bengtsson et al. 1996												
<p>Small Intestine Mucosa, IgE and IgM Plasma Cells local reaginic reaction after ingesting cow's milk: increased mucosal IgE and IgM plasma- cells, increased degranulation of mast cells, staining of connective tissue and basement membranes with antisera to IgG and C3 complement in 2 cow's milk sensitive infants (1)</p>	(1) Shiner et al. 1975												
<p>Small Intestine Mucosa and Serum, Alkaline Phosphatase Levels of alkaline phosphatase (ALP) after cow's milk protein challenge: Significant depletion in upper jejunal mucosa tissue and serum in infants with clinical and histological reactions (n=10); tissue ALP depressed in 3/5 patients with histological but no clinical reactions to cow's milk (1)</p>	(1) Iyngkaran et al. 1995												
<p>Small Intestinal IgE Plasma Cells, Specific Serum IgE</p> <table border="1" data-bbox="113 1350 1015 1503"> <thead> <tr> <th data-bbox="113 1350 421 1420">Patients / Cow's Milk Specific</th> <th data-bbox="421 1350 635 1420">IgE Plasma Cells</th> <th data-bbox="635 1350 938 1420">Serum IgE</th> <th data-bbox="938 1350 1015 1420">Ref.</th> </tr> </thead> <tbody> <tr> <td data-bbox="113 1420 421 1462">16 children with CMA</td> <td data-bbox="421 1420 635 1462">(+) in 56%</td> <td data-bbox="635 1420 938 1462">(+) in 38%</td> <td data-bbox="938 1420 1015 1462">(1)</td> </tr> <tr> <td data-bbox="113 1462 421 1503">15 without CMA</td> <td data-bbox="421 1462 635 1503">(+) in 6.7%</td> <td data-bbox="635 1462 938 1503">(+) in 13%</td> <td data-bbox="938 1462 1015 1503">(1)</td> </tr> </tbody> </table> <p>(1) elimination / challenge proven CMA</p>	Patients / Cow's Milk Specific	IgE Plasma Cells	Serum IgE	Ref.	16 children with CMA	(+) in 56%	(+) in 38%	(1)	15 without CMA	(+) in 6.7%	(+) in 13%	(1)	(1) Schrander et al. 1993a
Patients / Cow's Milk Specific	IgE Plasma Cells	Serum IgE	Ref.										
16 children with CMA	(+) in 56%	(+) in 38%	(1)										
15 without CMA	(+) in 6.7%	(+) in 13%	(1)										

Intestinal Total Immunoglobuline Secreting Cells

Intestinal immune responses after diagnostic milk provocation:

Patients / No. of Secreting Cells	IgM	IgA	IgG	Ref.
a) with CMA (acute urticaria)	(+)	(-)	(-)	(1)
b) with CMA (gastrointestinal symptoms)	(+)	(+)	(-)	(1)
c) with CMA (skin and gastrointestinal symptoms)	(+)	(+)	(+)	(1)
d) 13 with persistent CMA	(+)	(+)	(+)	(2)
e) 24 acquired tolerance	(-)	(-)	(-)	(2)
d) 27 with CMA (age of 9-69 months)	(+)	(+)	(+)	(3)

(+) significant increase during challenge, (-) no increase

(1) IgM and IgA responses: in group b) > a)

(3) increase in all isotypes associated with clinically positive cow's milk challenge; specific antibody secreting cells against beta-LG and CAS (and gliadin) increased in IgM class only

- (1) [Isolauri et al. 1990](#)
 (2) [Isolauri et al. 1992](#)
 (3) [Suomalainen et al. 1992](#)

Intestinal Eosinophils, Lymphocytes, Mast Cells

Patients	Eosinophils	Lymphocytes	TIA-1**	Mast Cells	Ref.
12 children with CMA	(+) in 58%			(-)	(1)
47 children with coeliac disease	(+) in 60%			(-)	(1)
children with CMA and chronic diarrhea	(+)*				(2)
21 children with CMA/CMI	(+) in 38%	(+)*			(3)
35 children with gluten intolerance	(+) in 27%	(+)*			(3)
10 children with CMA/CMI		(+)*	(+)*		(4)

* significant, (+) increase, (-) decrease

**TIA-1 (= cytotoxic granule-associated protein) expressing lymphocytes

(1) in lamina propria of jejunum

(2) in lamina propria of duodenal mucosa

(3) cellular infiltration of small intestinal mucosa

(4) number of TIA1- expressing intraepithelial lymphocytes (IEL) and the TIA1/IEL ratio in patients on cow's milk-free diet of various duration, negative correlation between the TIA1/IEL ratio and the duration of the diet (duodenal biopsies)

- (1) [Kosnai et al. 1984](#)
 (2) [Challacombe et al. 1986](#)
 (3) [Kaczmariski et al. 1989](#)
 (4) [Hankard et al. 1997](#)

Intestinal ECP, MBP, Histamine, VCAM-1

Patients	ECP*	MBP*	Histamine*	VCAM-1**	Ref.
5 adults with CMA	(+)		(+)		(1)
14 patients with cow's milk-sensitive enteropathy		(+)		(+)	(2)

(+) increased, (-) decreased, *intestinal secretion, **expression on mononuclear cells
 (1) DBPCFC positive, SPT and RAST negative, lactose tolerant patients (perfusion challenges with milk, CAS, and whey)
 (2) Challenge positive, SPT and RAST negative patients, endoscopic duodenal biopsy
 ECP = eosinophil cationic protein
 MBP = eosinophil major basic protein
 VCAM-1 = vascular cell adhesion molecule-1

- (1) [Bengtsson et al. 1997](#)
 (2) [Chung et al. 1999](#)

Intestinal Epithelial Cells, CD23 Expression

CD23 expression on intestinal epithelial cells increased in 3 children with CMPI (age < 1 year) associated by high levels of specific IgE

[Kaiserlian et al. 1995](#)

Fecal alpha-1 Antitrypsin, TNF-alpha, ECP, IgE

Indicators of intestinal inflammation in jejunal fluid after cow's milk challenge:

Patients	alpha-1 Antitrypsin	TNF-alpha	ECP	IgE	Ref.
a) 13 children with CMA (gastrointestinal symptoms)		(+)*	(-)	(-)	(1)
b) positive DBPCFC with cow's milk	(+) in 43%	(+)**	(+)***		(2)
c) negative DBPCFC with cow's milk	(+) in 11%	(-)	(-)		(2)

(+) significant increase after challenge, (-) no increase
 *in challenge positive children
 particularly in delayed type patients, *particularly in immediate reactors
 (2) children with atopic eczema

- (1) [Kapel et al. 1999](#)
 (2) [Majamaa et al. 1996](#)

Gastrointestinal Permeability

Alteration after cow's milk challenge

Urinary Recovery / Test Substances	Alteration	Ref.
polyethyleneglycol (PEG)	*	(1)
lactulose/mannitol excretion ratios	(+)	(3)
cellobiose/mannitol excretion ratios	(+)	(4)
Jejunal Biopsy / Test Substances		
horseradish peroxidase (HRP)	(+)*	(2)

*significantly changed, (+) increased, (-) decreased
 (1) 16 children with CMA (immediate- type), greatest alteration in children with most severe symptoms
 (2) 15 children with CMA (age of 1-24 months), jejunal transepithelial fluxes
 (3) 51 children with CMA (skin symptoms and patients with gastrointestinal symptoms), 3 days after challenge
 (4) 32 children with CMA (age of 3-84 months), 24 hours after challenge

- (1) [Falth-Magnusson et al. 1986](#)
 (2) [Heyman et al. 1988](#)
 (3) [Jalonen 1991](#)
 (4) [Troncone et al. 1994](#)

Protein / Allergen Absorption

Concentrations in blood serum samples

Patients	human alpha-LA	bovine beta-LG	Ref.
17 children with CMA (age of 3-78 months)		0.3 to 2 µg/L (in 29%)	(1)
20 infants (followed up to 8 months)	3-4 days after birth 31 µg/L at 1 month 6 µg/L at 2 months 2 µg/L at >3 months trace amounts	after weaning 1 week 7 µg/L (in 38%) 2 weeks 4 µg/L (in 21%)	(2)

- (1) 24 h after cow's milk challenge
(2) median serum levels (per g ALA or BLG given per kg body weight)

- (1) [Husby et al. 1990](#)
(2) [Kuitunen et al. 1994](#)

Diagnostic Significance of Tests										References
<i>SPT, Patch Test, RAST</i>										
Patients / Reference	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Age (months)		adults	2-36	2-24	50*	62*	<24	21*	2-11	
a) acute onset	14			36			22		100	
b) delayed onset				18			50		76	
SPT - positive			a) 67% b) (-)	a) (+)	55%		14%			
sensitivity					66%	96%			69%	
specificity					100%	51%			91%	
PPV					100%	66%			79%	
NPV					28%	93%			85%	
Patch Test - positive			a) (-) b) 89%	b) (+)			44%			
sensitivity									18%	
specificity									87%	
PPV									40%	
NPV									69%	
RAST - positive							26%			
sensitivity						100%		85%	58%	
specificity	79%	60-67%				30%		38%	88%	
PPV	80%	83-100%				57%		61%	70%	
NPV						100%		71%	81%	
<p>* mean age, (-) tendency of negative results, (+) association to positive results</p> <p>-----</p> <p>(1) 14 children with immediate reactions to cow's milk, 15 cow's milk tolerant children (2) 21 adults with cow's milk / egg allergy (DBPCFC, 5 different RAST systems)</p> <p>(3) 183 children with CMA and atopic dermatitis</p> <p>(4) 54 children with CMA and atopic dermatitis</p> <p>(5) 430 food allergic children and adolescents (labial food challenge positive) age from 0.2 to 20 years</p> <p>(5) 196 food allergic children and adolescents (54/109 DBPCFC positive) age from 0.6 to 17.9 years, PPV >95% for cow's milk specific IgE >32 kU/L</p> <p>(6) 72 children with CMA (challenge proven)</p> <p>(7) 107 children with atopic dermatitis (47 DBPCFC positive) age from 5 months to 12 years</p> <p>(8) 301 children with suspected CMA (176 DBPCFC positive)</p>										

- (1) [Björkstén et al. 1983](#)
(2) [Norgaard et al. 1995](#)
(3) [Isolauri & Turjanmaa 1996](#)
(4) [Kekki et al. 1997](#)
(5) [Rance et al. 1997](#)
(6) [Sampson & Ho 1997](#)
(7) [Majamaa et al. 1999](#)
(8) [Niggemann et al. 1999b](#)
(9) [Vanto et al. 1999](#)

SPT, IgE and Oral Challenge

Diagnostic tests in comparison with oral challenge test in 11 children with CMA (1-15 years of age):

	SPT	RAST	MAST	Case History
Sensitivity	85%	71%	71%	
Specificity		100%	100%	
Match	60%	81%	81%	63%

[Roger et al. 1994](#)

SPT and DBPCFC

Significant differences in SPT (wheal sizes) between cow's milk allergic or tolerant individuals (DBPCFC) ($P < 0.001$); SPT cut-off values mean diameter 5 mm / surface area of wheal 29 mm²

[Eigenmann & Sampson 1998](#)

Skin Tests, RAST, Histamine Release and Lymphocyte Stimulation

Positive results with cow's milk (and alpha-CAS*)

Test	a)	b)
SPT	57%	0%
Patch Test*	33%	0%
RAST	59%	33%
Histamine Release	55%	17%
Lymphocyte Proliferation	77%	17%

(1) [Rasanen et al. 1992](#)

a) 22 children with CMA (positive challenge test)

b) 12 non- milk- allergic controls with atopic dermatitis

Panel of tests detected 21/22 children positive and 5/12 false- positive

Specific Serum IgG

Patients / Reference	(1)	(2)	(3)
Age	16-58, median 26 years	1-48 (1-72) months	
cow's milk specific IgG			
	NS		NS
beta-LG specific IgG			
sensitivity		89%	
specificity		85%	

(1) [Stoger & Wüthrich 1993](#)

(2) [Iacono et al. 1995b](#)

(3) [Keller et al. 1996](#)

NS no diagnostic significance

(1) 28 adults with CMA

(2) 218 healthy children, 205 with CMA, 96 with other (atopic) diseases (commercial betalactotest)

(3) 702 infants divided into six groups of different feeding (breast fed, infant formula fed) the shorter the breast feeding period and the earlier cow's milk formula is introduced, the higher the IgG levels

SPT and RAST

41 children with suspected CMA (age of 3 months to 13 years; mean 2.6 years): 32% SPT positiv, 61% IgE positiv; concordance of SPT and IgE results in 51% (1)

(1) [Campbell et al. 1987](#)

Histamine Release, SPT and RAST

26 children with suspected CMA: 77% positive in oral challenge test; patients with urticaria: high degree of correlation between histamine test, RAST and skin test; patients with gastrointestinal symptoms only a few positive results in histamine test, RAST and skin test (1)

(1) [Prahl et al. 1988](#)

Positivity of Open Challenge and DBPCFC

in children with history of CMA

Patients	Open Challenge	DBPCFC	Ref.
265 children suspected for CMA (mean age 3 months)	56% (n=155)	44% (n=110)	(2)
a) 16 probable immediate reactors (mean age 37 months)		a) 62.5% with adverse reactions (up to 2 h after milk exposure)	(1)
b) 53 probable delayed reactors (mean age 17 months)		b) 28.8% with predominantly gastrointestinal symptoms (2h to 6 days after milk exposure)	(1)

(1) [Baehler et al. 1996](#)
 (2) [Kaila & Isolauri 1997](#)

Other Features

Parameters / Subjects	Outcome	References
Gender of Adults with CMA 34 patients with CMA (aged from 16 to 58 years)	Gender: 91% females, 39% of them experienced first symptoms during or soon after a pregnancy; 47% of patients were nonatopic and showed a monovalent sensitization to cow milk proteins	Stoger & Wüthrich 1993
Adverse vs Allergic Reactions 9 children with "unequivocal symptoms attributable to cow's milk"	CMA in 1 patient, abnormal disaccharide absorption in 3 patients (gastrointestinal and immunoallergic investigations)	Davidson et al. 1976
Cow's Milk Exposure 25 children with CMA (age <1 year)	Exposure to cow's milk formulas (significantly more often than in control group, $p < 0.01$): 16 during their first week of life 6 before fifth week of life 3 infants not exposed	Stintzing & Zetterstrom 1979
SPT, IgE in Immediate Type CMA 26 (1), 50 (2, 3), and 21 (4) children with IgE mediated acute reactions of CMA	Differentiation of 3 groups by positive SPT to: A) cow's milk only B) cow's milk and whey hydrolysate formula C) cow's milk, whey and CAS hydrolysate formula (1, 2, 3) Significant differences in cow's milk specific serum IgE: $A < B < C$ (1, 2) Significant differences in beta-LG and CAS specific serum IgE: $A < C$ and $B < C$ (1, 2, 3) Most significant difference in intensity scores of IgE-binding to CAS and beta-LG in SDS-PAGE immunoblot: $A < C$ (4)	(1) Schwartz et al. 1989 (2) Schwartz 1991 (3) Schwartz et al. 1991 (4) Amonette et al. 1993

5 Therapy of Cow's Milk Allergy

[[Elimination Diets](#)] [[Medication](#)] [[Oral Desensitization](#)]

Elimination Diets	Outcome	References
Elimination Diet 173 mainly adults with food allergy	Strict elimination diet: some 2/3 reported after 3-5 years that a strict elimination diet had to be followed, otherwise prompt relapse of allergic symptoms was noted. About 1/3 of patients, mainly with milk, cheese or egg allergy, show spontaneous desensitization by appropriate diet (case history, RAST)	Wüthrich & Hofer 1986
Elimination Diet 148 children with CMA (age of <1 year)	All cases improved on a milk free diet, in 18% a further modification of the diet was required after the first prescription	Ventura & Greco 1988
Elimination Diet 70 children with cow's milk protein intolerance (mean age 30 days)	Remission of symptoms (severe colic) in 71% after elimination of cow's milk protein from the diet; successive challenges caused the return of symptoms in all infants	Iacono et al. 1991
Elimination Diet, Nutritional Status 19 children with CMA (age of 0.6 to 4.1 years)	Nutritional status of children was followed during an elimination diet (2 children soy- based formula, other children other foodstuffs and supplementary calcium): significant reduction in serum prealbumin values; low serum zinc values in 12 children; low serum iron in 2 children; 2 had high serum alkaline phosphatase values; dietary intake of energy below recommendation in some children; protein intake high; low intakes of riboflavin in some children	Paganus et al. 1992
Elimination Diet, Calcium a 4 year old boy with CMA	Calcium deficiency rickets caused by prolonged elimination diet of cow's milk; adequate intake of calcium resulted in rapid improvement	Davidovits et al. 1993
Elimination Diet infants with CMA	Clinical disappearance of symptoms after removal of milk from the mother's diet and/or elimination from the child's diet, significant correlation between alterations of intestinal permeability and ingestion of reputedly hypoallergenic foods, breast milk, and hydrolyzed protein formulas	Barau & Dupont 1994
Elimination Diet, Growth 100 children (mean age 7 months) with atopic dermatitis and challenge-proven CMA	Mean length SD score and weight-for-length index of patients decreased compared with healthy controls; low serum albumin in 6% of patients, 24% had an abnormal urea concentration, and low serum phospholipid docosahexaenoic acid in 8%; delay in growth more pronounced in subgroup of patients with early onset of symptoms	Isolauri et al. 1998
Proposed Diet in case of CMA	Avoidance of all products containing milk, milk protein, lactoprotein, lactoserum protein, CAS, caseinate, lactalbumin, lactose, margarine, cream (contains a list of "allowed" and "prohibited" foods)	Moneret-Vautrin 1999

Medication*	Outcome	References
Terfenadine / TNF-alpha children with CMA	In vitro stimulation of PBMC with milk proteins (beta-LG, alpha-LA and CAS) with or without terfenadine: dose-dependent decrease in TNF-alpha secretion in the presence of terfenadine	Benlounes et al. 1997
Treatment with DSCG 8 children with CMA	Food challenge before and after a seven- day pre- treatment period with oral sodium chromoglycate: Full protection in 6 children (asthmatic symptoms persisted in 2 patients)	Businco et al. 1983a

Treatment with DSCG 7-year-old child experienced acute, severe anaphylaxis after ingestion of cow's milk	After 3 months of oral cromolyn therapy, the patient was able to tolerate small amounts of milk and moderate amounts of foods containing milk	Jones 1985
Treatment with DSCG 16 children with CMA	Pretreatment with sodium cromoglycate diminished the effect of milk challenge on gastrointestinal permeability, and usually decreased the severity of elicited symptoms	Falth-Magnusson et al. 1986
Treatment with DSCG 30 children with suspected CMA, a) with clinically positive challenge, b) with negative challenge	Oral disodium cromoglycate (DSCG) pretreatment did not alter the number of clinically positive challenges; significant increase in urinary lactose/mannitol ratio (intestinal permeability test) with placebo pretreatment as compared b); no significant differences after DSCG pretreatment	Van Elburg et al. 1993
Treatment with Ketotifen 1 patient with CMA	White blood cells were pretreated with Ketotifen: inhibition of eosinophils degranulation	Podleski et al. 1984

* Studies may be experimental, unproved, or controversial. Please notice the [disclaimer](#) !

Oral Desensitization*	Outcome	References
Oral Desensitization 2 cow's milk and cheese allergic adults	Effective oral desensitization with milk or CAS extracts (desensitization protocol)	Wüthrich & Hofer 1986
Oral Desensitization 6 children with CMA (age 4-11 years)	Diluted milk followed by increased pure milk was administered following a standardized protocol, at the beginning pretreatment with oral sodium cromoglycate, length of therapy 5 months, after therapy milk was tolerated (maintenance dose: 100 mL 2-3 times / week); 4 patients finished oral desensitization successfully, 2 dropped	Patriarca et al. 1998
Oral Desensitization 12-year-old girl with persistent IgE-CMA	Effective oral desensitization starting with diluted milk (under clinical conditions, 4-6 doses per day) for 5 days, maintenance with daily intake of fresh milk	Bauer et al. 1999
Oral Tolerization a) 10 infants fed cow's milk-based formula b) 10 infants fed a CAS hydrolysate formula until the age of 9 months	Exposure to cow's milk proteins after the age of 9 months resulted in depressed cellular and humoral responsiveness (beta-LG, BSA, CAS specific IgG and PBMC proliferation)	Vaarala et al. 1995

* Studies may be experimental, unproved, or controversial. Please notice the [disclaimer](#) !

6 Composition of Cow's Milk

6.1 Distribution of Nutrients (Whole Milk)

Nutrients: Content per 100 g		
Energy 274 kJ (65 kcal)	Vitamins	Lys 260 mg
Water 87.7 g	Vitamin A 30 µg	Met 85 mg
Protein 3.3 g	Carotin 17µg	Phe 170 mg
Lipid 3.6 g	Vitamin D 60 ng	Thr 150 mg
Carbohydrate 4.6 g	Vitamin E 85 µg	Trp 45 mg
Organic Acids 0.2 g	Vitamin K 4 µg	Tyr 170 mg
Minerals 0.7 g	Vitamin B1 35 µg	Val 230 mg
Minerals	Vitamin B2 180 µg	Carbohydrates
Sodium 50 mg	Nicotinamide 90 µg	Lactose 4550 mg
Potassium 155 mg	Pantothenic acid 350 µg	Lipids
Magnesium 12 mg	Vitamin B6 45 µg	Palmitic acid 930 mg
Calcium 120 mg	Biotin 4 µg	Stearic acid 400 mg
Manganese 3 µg	Folic acid 6 µg	Oleic acid 890 mg
Iron 45 µg	Vitamin B12 420 µg	Linolic acid 90 mg
Copper 17 µg	Vitamin C 2 mg	Linoleic acid 25 mg
Zinc 380 µg	Amino Acids	Cholesterol 12 mg
Phosphorus 90 mg	Arg 120 mg	Others
Chloride 100 µg	His 90 mg	Citric acid 210 mg
Fluoride 17 µg	Ile 210 mg	
Iodine 3 µg	Leu 350 mg	

Reference: Deutsche Forschungsanstalt für Lebensmittelchemie, Garching bei München (ed), **Der kleine "Souci-Fachmann-Kraut" Lebensmitteltabelle für die Praxis**, WVG, Stuttgart 1991

6.2 Proteinfraction

Proteins / Glycoproteins	Amount of total protein	Concentration in Milk
Caseins	80%	
alpha S1	36%	12-15 g/L
alpha S2	10%	3-4 g/L
beta	34%	9-11 g/L
kappa	13%	--
gamma	7%	3-4 g/L
Whey Proteins	20%	
beta-LG	50%	3-4 g/L
alpha-LA	22%	1-1.5 g/L
Immunoglobulines	15%	0.6-1.0 g/L
BSA	5%	0.1-0.4 g/L
Lactoferrin	2%	0.09 g/L

References: [Wal et al. 1995](#), [Wal 1998](#)

7 Allergens of Cow's Milk

Proteins / Glycoproteins	Allergen Nomenclature	References
alpha-Lactalbumin [14.2 kDa]	Bos d 4	Goldman et al. 1963a , Gjesing et al. 1986
beta-Lactoglobulin [18.3 kDa]	Bos d 5	Goldman et al. 1963a , Gjesing et al. 1986
Serum Albumin [67 kDa]	Bos d 6	Goldman et al. 1963a , Gjesing et al. 1986
Immunoglobulin [160 kDa]	Bos d 7	Gjesing et al. 1986 , Bernhisel-Broadbent et al. 1991
Caseins [20-30 kDa]	Bos d 8	Goldman et al. 1963a , Gjesing et al. 1986 , Docena et al. 1996
Lactoferrin [80 kDa]		Wal et al. 1995a

7.1 Sensitization to Cow's Milk Allergens

Country / Subjects	Sensitivity to	References	
<i>Argentina, La Plata</i> 80 patients with CMA (3 months to 25 years, mean 6 years)	CAS in 100% beta-LG in 13% alpha-LA in 63% (SDS-PAGE immunoblot, RAST)	Docena et al. 1996	
<i>Australia, North Ryde, NSW</i> children with immediate-type CMA	beta-LG in 63% alpha-LA in 75% (RAST)	Adams et al. 1991	
<i>Denmark, Odense</i> a) 21 infants with IgE-CMA b) 18 infants with non-IgE-CMA		Host et al. 1992	
			(a) (b)
	beta-LG		50% (45%) 20% (76%)
	alpha-LA		6% (25%) 7% (6%)
	BSA		63% (75%) 27% (88%)
	bovine IgG		19% (40%) 0% (59%)
Lactoferrin	0% (25%) 7% (0%)		
	at 6 months (12 months) (specific serum IgE in CRIE after milk challenge)		
<i>Finland, Turku</i> challenge proven patients with CMA (age of <17 years) (n=11 in SPT, n=12 in RAST)		SPT RAST (>= 2)	
	alpha-CAS	91% 25%	
	alpha-LA	82% 67%	
	beta-LG	64% 50%	
BSA	73% 25%	Vanto et al. 1987	

France, Lille, Gif sur Yvette 92 patients with CMA		(1)	(3)	(1) Wal et al. 1995a (2) Lefranc-Millot et al. 1996 (3) Bernard et al. 1998
	beta-LG	in 61%	68%	
	CAS	in 65%	66%	
	alpha-LA	in 51%	58%	
	BSA	in 43%	50%	
	colostral IgG		36% (2)	
	Lactoferrin	in 35%	45%	
(RAST) Association of sensitivities (1): CAS in 87% of alpha-LA sensitive patients beta-LG in 78% of alpha-LA sensitive patients BSA sensitivity seemed independent Lactoferrin negative correlation to CAS				
Germany, Kiel 13 children with strongly suspected CMA (age of 8 months to 8 years)	alpha-LA		in 85%	Kaiser et al. 1990
	beta-LG B		in 77%	
	beta-LG A		in 69%	
	CAS		in 69%	
	alpha-S CAS		in 46%	
	beta-CAS		in 62%	
	kappa-CAS (SPT)		in 54%	
Italy, Milan 6 children with CMA	alpha-CAS		100%	Restani et al. 1999
	beta + gamma-CAS		50%	
	kappa-CAS		33%	
	alpha-LA		17%	
	beta-LG		50%	
	BSA		0%	
	(according to graded staining in SDS-PAGE immunoblot)			
Switzerland, Zurich (1) 34 adults with CMA (2) 8 adults with CMA		(1)	(2)	(1) Stoger & Wüthrich 1993 (2) Wüthrich & Johansson 1995
	CAS	in 71%	in 100%	
	beta-LG	in 3%	in 13%	
	alpha-LA	in 15%	in 0%	
(RAST)				
Taiwan, Taipei 30 children with suspected CMA (1 to 9 years of age)	CAS		in 80%	Lin et al 1998
	beta-LG		in 53%	
	alpha-LA		in 80%	
	(RAST) multiple sensitization to alpha-LA and beta-LG in 13%			
	CAS and alpha-LA in 27%			
CAS, alpha-LA and beta-LG in 37%				
USA, Baltimore, MD 22 cow's milk- sensitive patients	bovine Immunoglobulins in 73% (RAST)			Bernhisel-Broadbent et al. 1991

USA, Galveston, TX 45 children with CMA (96% < 6 months of age)		Skin Test	n=	OCT*	n=	(1) Goldman et al. 1963a (2) Goldman et al. 1963b	
	alpha-LA	in 53%	34	in 50%	20		
	beta-LG	in 62%	37	in 52%	23		
	BSA	in 52%	44	in 42%	26		
	CAS	in 60%	45	in 63%	27		
*frequencies in 27 oral challenge test (OCT) positive children							
USA, Rochester, NY (1) 29 children with CMA (age of onset 1 day to 10 months) (2) 21 children with CMA		RAST (>= 3)	n=		IB*	(1) Schwartz et al. 1987 (2) Amonette et al. 1993	
	alpha-LA	in 71%	24		in 4.8%		
	beta-LG	in 54%	24				in 14%
	BSA						in 14%
	CAS	in 46%	26				in 57%
	Reference	(1)					(2)
*SDS-PAGE immunoblot (graded scale >= 2+)							

7.2 Properties of alpha-Lactalbumin

7.2.1 Molecular Biological Properties

alpha-Lactalbumin (alpha-LA)	References
Allergen Nomenclature Bos d 5	(1) Larsen & Lowenstein 1999
Isoallergens and Variants Genetic variants A and B (1)	(1) Bell et al. 1970
Molecular Mass SDS-PAGE: 14.2 kDa (1), 13 kDa (2) ESI-MS: 14178 Da (3)	(1) Docena et al. 1996 (2) del Val et al. 1999 (3) Slangen & Visser 1999
Isoelectric Point pI 4.8	(1) Wal 1998
Amino Acid Sequence, mRNA, and cDNA	
alpha-LA	
SWISS-PROT: P00711	(1) Brew et al. 1970
GenBank: X06366 , M18780 , J05147 , M90645	(2) Hurley & Schuler 1987
PIR: LABO	(3) Vilotte et al. 1987
Amino acids 123 residues (1)	(4) Wang et al. 1989
mRNA 703 bp (2), 724 bp (4)	(5) Bleck & Bremel 1993
cDNA	
Gene 3090 bp (3), 2044 bp (5)	

<p>recombinant Protein <u>expression in Escherichia coli:</u> expression of recombinant alpha-LA (1)</p> <p><u>expression in yeasts:</u> expression of recombinant alpha-LA in Saccharomyces cerevisiae (2)</p> <p><u>expression in transgenic mice:</u> expression of recombinant alpha-LA (3)</p>	<p>(1) Wang et al. 1989 (2) Viaene et al. 1991 (3) Soulier et al. 1994</p>
<p>3D-Structure X-ray studies of alpha-LA: significance of conformation for action in lactose synthase (1)</p>	<p>(1) Pike et al. 1996</p>
<p>Posttranslational Modifications <u>Disulfide Bridges:</u> 4 disulfide bonds: 6-120, 28-111, 61-77, 73-91 (2)</p> <p><u>Glycosylation:</u> Carbohydrate composition: GlcNAc, GalNAc, Man, Gal, Fuc, NeuAc (1) Single glycosylation site: Asn-45 (3) Detection of a glycosylated isoform (16-kDa in SDS-PAGE) with carbohydrate detection kit (4) Mixture of 14 different glycosylated isoforms and proposed composition of monosaccharides (15.8 to 16.7 kDa by ESI-MS) (5) Analysis of carbohydrates released from alpha-LA by mass spectrometry (5)</p>	<p>(1) Barman 1970 (2) Vanaman et al. 1970 (3) Hopper & McKenzie 1973 (4) Kim & Jiminez-Flores 1994 (5) Slangen & Visser 1999</p>
<p>Biological Function alpha-LA belongs to the family 22 of glycosyl hydrolases (lysozyme c superfamily), regulatory subunit of lactose synthase (1) Calcium binding properties (2), 2 Ca²⁺ binding sites one of which with high affinity (3)</p>	<p>(1) SWISS-PROT (2) Hiraoka et al. 1980 (3) Kronman et al. 1981</p>
<p>Location production in mammary gland (1)</p>	<p>(1) SWISS-PROT</p>
<p>Sequence Homology alpha-LA from water buffalo: aa sequence identity 99% (1) alpha-LA from goat and sheep: aa sequence identities 95% and 94% (1) human alpha-LA: aa sequence identity 78% (3) lysozyme from hen's egg white: alpha-LA evolved from the calcium- binding lysozyme along the mammalian lineage after the divergence of birds and mammals (2) lysozyme from various species: aa sequence identity up to 46% (1)</p>	<p>(1) BLAST at PIR (2) Nitta & Sugai 1989 (3) Wal 1998</p>

7.2.2 Allergenic Properties

alpha-Lactalbumin (alpha-LA)			References
Frequency of Sensitization IgE-binding to alpha-LA in 0-80% of patients (1)			(1) see 7.1 Sensitization to Cow's Milk Allergens
B-Cell Epitopes IgE binding sites located on alpha-LA:			
Peptides	Positivity in Patients	Ref.	
5-18 (synthetic peptide)	+ (a)	(1)	(1) Adams et al. 1991
6-10 :S-S: 115-123 (tryptic peptide)	11% (a)	(2)	(2) Maynard et al. 1997
17-58 (tryptic peptide)	26% (a)	(2)	
59-94 (reduced tryptic peptide)	16% (a)	(2)	(a) direct ELISA, EAST / RAST
59-93 (native tryptic peptide)	26% (a)	(2)	(b) EAST / RAST-inhibition
109-123 (tryptic peptide)	11% (b)	(2)	
(1) 2 patients with CMA (2) 19 patients with CMA			
Cross-Reactivity sequence homology of beta-LG peptide 124-134 and alpha-LA 5-18, both IgE- binding (1)			(1) Adams et al. 1991
PBMC Proliferation stimulation with alpha-LA (1)			(1) see Diagnostic Features of CMA: CBMC Proliferation
Alteration of Allergenicity trypsin hydrolysis: IgE binding to different tryptic peptides of a-LA in 8/19 sera from cow's milk allergic patients (ELISA) (1)			(1) Maynard et al. 1997 see also 10 Stability of Cow's Milk Allergens

7.3 Properties of beta-Lactoglobulin

7.3.1 Molecular Biological Properties

beta-Lactoglobulin (beta-LG)	References
Allergen Nomenclature Bos d 5	(1) Larsen & Lowenstein 1999
Isoallergens and Variants Main genetic variants A (Asp-64, Val-118) and B (Gly-64 and Ala-118) (1, 3) Minor genetic variants of subtype B with single substitution: variant C (Gln-59 > His-59) (SWISS-PROT), variant D (Glu-45 > Gln-45) (2), variant W (Ile-56 > Leu-56) (4), variants I (Glu-108 > Gly-108) and J (Pro-126 > Leu-126) (5)	(1) Braunitzer et al. 1973 (2) Brignon & Ribadeau-Dumas 1973 (3) Ebeler et al. 1990 (4) Godovac-Zimmermann et al. 1990 (5) Godovac-Zimmermann et al. 1996
Molecular Mass Mr in SDS-PAGE: 18 kDa (1, 2)	(1) Docena et al. 1996 (2) del Val et al. 1999
Isoelectric Point pI 5.3 (2) variant A: 5.13 (1), variant B: 5.23 (1)	(1) Fredriksson 1972 (2) Wal 1998

Amino Acid Sequence, mRNA, and cDNA

Bos d 5	beta-LG	Variant B
SWISS-PROT:	P02754	
GenBank:	M19088 , X14712 , M27732 , K01086 , X52581	Z48305
PIR:	LGBO	
Amino acids	162 residues (1)	
mRNA	790 bp (3)	
cDNA	601 bp (2)	9432 bp (4)

- (1) [Braunitzer et al. 1973](#)
- (2) [Jamieson et al. 1987](#)
- (3) [Alexander et al. 1989](#)
- (4) [Hytinen et al. 1998](#)

recombinant Proteinexpression in Escherichia coli:

expression using a tac promoter vector, pTTQ18 (1)

expression of 2 site-directed mutants with an additional disulfide bond, increased thermostability (3)

expression in strain DH5alpha, positive IgE binding from 5 patients with CMA (4)

expression in a denatured form in periplasm using the pET26 vector (8)

expression in yeasts:

expression of recombinant beta-LG (2) and a site directed mutant (6) in *Saccharomyces cerevisiae*, mutant inhibited the proliferation of CD4+ TCC from mice (6)

expression in native conformation in *Pichia pastoris* (5)

expression in mouse cells:

expression in native conformation in COS-7 cells and in vivo in mouse tibialis muscle (8)

expression in transgenic mice:

Bovine beta-LG gene was expressed mammary gland- specifically in transgenic mice,

expression levels of beta-LG in milk > 1 mg/mL (7)

- (1) [Batt et al. 1990](#)
- (2) [Totsuka et al. 1990](#)
- (3) [Cho et al. 1994](#)
- (4) [Chatel et al. 1996](#)
- (5) [Kim et al. 1997](#)
- (6) [Totsuka et al. 1997](#)
- (7) [Hytinen et al. 1998](#)
- (8) [Chatel et al. 1999](#)

3D-Structure

X-ray studies of beta-LG (1)

NMR studies of recombinant beta-LG (2)

3D-models of native and oxidized beta-LG, and partly and fully reduced beta-LG mutants (3)

- (1) [Brownlow et al. 1997](#)
- (2) [Kuwata et al. 1998](#)
- (3) [del Val et al. 1999](#)

Posttranslational ModificationsDisulfide Bridges:

beta-LG occurs naturally as a mixture of monomers and 36-kDa dimers (2)

2 disulfide bonds: 66-160, 106-(119 or 121) (1)

- (1) [Brownlow et al. 1997](#)
- (2) [Wal 1998](#)

Biological Function

belongs to lipocalin family, binds retinol (1)

- (1) SWISS-PROT

Sequence Homology

beta-LG from water buffalo and mouflon: aa sequence identities 98% and 95% (1)

beta-LG from goat and sheep: aa sequence identities 94% and 93% (1)

cockroach allergen Bla g 4: aa sequence homology about 20% (2)

- (1) BLAST at PIR
- (2) [Arruda et al. 1995](#)

7.3.2 Allergenic Properties

beta-Lactoglobulin (beta-LG)					References
Frequency of Sensitization IgE-binding to in 13-76% of patients (1)					(1) see 7.1 Sensitization to Cow's Milk Allergens
Allergenicity of Variants A and B No difference in IgE titers specific for genetic variants A and B of beta-LG (1)					(1) van Beresteijn et al. 1995
B-Cell Epitopes IgE binding sites located on beta-LG:					
Peptides	Positivity in Patients	inhibition of IgE binding to beta-LG [%]	3D-Location on beta-LG	Ref.	
1-8 (tryptic peptide)	58% (b)			(6)	
8-24 (CNBr peptide)	53% (b)	max. 34%		(4)	
9-14 (tryptic peptide)	40% (b)			(6)	
15-26 (synthetic peptide)	44% (c)	max. 20%		(3)	
25-107 (CNBr peptide)	79% (4), + (1) (b)	max. 38% (4)		(1, 4)	
25-61 (fragment)	+ (b)			(1)	
25-40 (tryptic peptide)	72% (b)			(6)	
35-46 (synthetic peptide)	25% (c)	max. 40%		(3)	
41-107 (fragment)	+ (b)			(1)	
41-60 (tryptic peptide)	92% (b)		surface	(6)	(1) Otani et al. 1989
62-107 (fragment)	+ (b)			(1)	(2) Adams et al. 1991
78-83 (tryptic peptide)	28% (b)			(6)	(3) Ball et al. 1994
84-91 (tryptic peptide)	40% (b)		cryptic	(6)	(4) Selo et al. 1998
85-96 (synthetic peptide)	44% (c)	max. 10%		(3)	(5) Heinzmann et al. 1999
92-100 (tryptic peptide)	52% (b)			(6)	(6) Selo et al. 1999
95-113 (synthetic peptide)	100% (d)	14 - 38% (c, d)		(5)	(a) SDS-PAGE / immunoblot
97-108 (synthetic peptide)	100% (c)	max. 70% (20%*)		(3)	(b) direct ELISA, EAST / RAST
102-124 (tryptic peptide)	97% (b)		surface	(6)	(c) EAST / RAST-inhibition
108-145 (CNBr peptide)	68% (4), + (1) (b)	max. 57% (4)		(1, 4)	(d) Pin-ELISA
117-128 (synthetic peptide)	13% (c)	max. 30%		(3)	
124-134 (synthetic peptide)	+ (b)	60%		(2)	
125-145 (fragment)	+ (b)			(1)	
125-135 (tryptic peptide)	28% (b)		surface	(6)	
146-162 (CNBr peptide)	42% (4), + (1) (b)	max. 28% (4)		(1, 4)	
149-162 (tryptic peptide)	89% (b)			(6)	
151-162 (synthetic peptide)	31% (c)	max. 20%		(3)	
(1) 2 patients with CMA (2) 2 patients with CMA (3) 16 patients with CMA, * pooled serum (4) 19 patients with CMA (5) 14 children with CMA (age 6 months to 9 years) (6) 46 patients with CMA (location of epitopes in 3D-model of beta-LG)					

<p>Cross-Reactivity beta-LG peptide 124-134 and alpha-LA 5-18 (1)</p>	(1) Adams et al. 1991
<p>T-Cell Epitopes Specific T-Cell Proliferation with: beta-LG 145-161 (peptide) (1)</p>	(1) Piastra et al. 1994
<p>PBMC Proliferation stimulation with beta-LG (1)</p>	(1) see Diagnostic Features of CMA
<p>PBMC Stimulation / Cytokines PBMC stimulation with beta-LG: decrease in IFN-gamma production in cow's milk allergic children with atopic dermatitis as compared to immediate- type allergic or tolerant children (1)</p>	(1) Hill et al. 1993
<p>Alteration of Allergenicity <u>cyanogen bromide cleavage:</u> no alteration of IgE-binding in 50% of patients with CMA, in 10% increased IgE-binding to CNBr- cleaved beta-LG (EAST inhibition) (2)</p> <p><u>pepsin hydrolysis:</u> IgE-binding in 40% of 10 patients with CMA to native beta-LG and in 100% to peptic and peptic- tryptic digested beta-LG (RAST) (1)</p> <p><u>trypsin hydrolysis:</u> reduced IgE binding (about <50%) in 75% and increased IgE binding in 9% of sera from 46 patients with CMA (3)</p> <p><u>reduction of disulfide bonds:</u> no alteration of IgE-binding (1) increased pepsin digestibility and IgE- binding capacity (in animal model) of b-LG after reduction of disulfide bonds with thioredoxin (4)</p>	<p>(1) Haddad et al. 1979 (2) Selo et al. 1998 (3) Selo et al. 1999 (4) del Val et al. 1999</p> <p>see also 10 Stability of Cow's Milk Allergens</p>

7.4 Properties of Bovine Serum Albumin

7.4.1 Molecular Biological Properties

Bovine Serum Albumin (BSA)	References
Allergen Nomenclature Bos d 6	(1) Larsen & Lowenstein 1999
Molecular Mass Mr in SDS-PAGE: 67.0 kDa (1), 66.3 kDa (2)	(1) Miller et al. 1993 (2) Wal 1998
Isoelectric Point pI 4.7-4.95 (1), 4.9-5.1 (2)	(1) Miller et al. 1993 (2) Wal 1998
Amino Acid Sequence, mRNA, and cDNA	
BSA	
SWISS-PROT: P02769	
GenBank: M73993 , X58989 , Y17769	
PIR: ABBOS	(1) Brown 1975
Amino acids 583 residues (1)	
mRNA 2035 bp, 2061 bp, 1883 bp	
cDNA	
Posttranslational Modifications	
Disulfide Bridges: 9 disulfide bonds (1)	(1) Brown 1974
Biological Function BSA belongs to the ALB/AFP/VDB family, main plasma protein (1) 3 homologous domains: I aa 4-177, II aa 196-369, III aa 388-567 (1) good binding capacity for water, Ca ²⁺ , Na ⁺ , K ⁺ , fatty acids, hormones, bilirubin and drugs, main function regulation of colloidal osmotic blood pressure (1)	(1) SWISS-PROT
Location production in plasma, extracellular secretion (1)	(1) SWISS-PROT
Sequence Homology serum albumin from sheep: aa sequence identity 92% (1) serum albumins from pig, cat, human, rhesus macaque, horse: aa sequence identities 74-79% (1)	(1) BLAST at PIR
Other Properties possible trigger of insulin-dependent diabetes mellitus: BSA peptide aa 126-144 (ABBOS) may be the reactive epitope (1)	(1) Karjalainen et al. 1992

7.4.2 Allergenic Properties

Bovine Serum Albumin (BSA)	References
Frequency of Sensitization IgE-binding to BSA in 0-88% of patients (1)	(1) see 7.1 Sensitization to Cow's Milk Allergens
Alteration of Allergenicity heat treatment: Negative reaction to cooked BSA (1.8 g) and positive reaction to uncooked BSA (55 mg) in DBPCFC in a 19-year old woman (2) pepsin hydrolysis: ABBOS epitope (aa 126-144) not completely eliminated during digestion at pH 3-4 (mAb ELISA inhibition)* (1) * no IgE-binding studies	(1) Alting et al. 1997 (2) Kanny et al. 1998

7.5 Properties of Caseins

7.5.1 Molecular Biological Properties

Caseins (CAS)						References
<i>Allergen Nomenclature</i> Bos d 8						(1) Larsen & Lowenstein 1999
<i>Isoallergens and Variants</i>						(1) Mercier et al. 1971, 1973
CAS	alpha-S1	alpha-S2	beta	gamma	kappa	(2) Grosclaude et al. 1972
Genetic variants	A, B, C, D (1), F (5)	A, D (3)	A1, A2, A3, B, C, E F-5P (4)		A, B, B2 (2)	(3) Grosclaude et al. 1979
<i>Molecular Mass</i>						(4) Visser et al. 1995
	CAS	alpha	beta	gamma	kappa	(5) Prinzenberg et al. 1998
SDS-PAGE	24 kDa (2)	32.4 kDa (1)	26.6 kDa (1)		19 kDa (1)	(1) Docena et al. 1996
<i>Isoelectric Point</i>						(2) del Val et al. 1999
	alpha-S1	alpha-S2	beta-CAS	gamma-CAS	kappa-CAS	(1) Wal 1998
	pI 4.9-5	pI 5.2-5.4	pI 5.1-5.4		pI 5.4-5.6	
<i>Amino Acid Sequence, mRNA, and cDNA</i>						(1) Mercier et al. 1971, 1973
Bos d 8	alpha-S1	alpha-S2	beta	gamma	kappa	(2) Grosclaude et al. 1972
SWISS-PROT:	P02662	P02663	P02666		P02668	(3) Ribadeau-Dumas et al. 1972
GenBank:	S72388 , M33123 , X59856 , M38641 , X00564	M16644	S67277 (A3), M55158 , X06359 , M15132 , M16645		X00565 (A), M36641 (B2), X14908	(4) Brignon et al. 1977
PIR:	KABOSB	KABOS2	KBBOA2		KKBOB	(5) Nagao et al. 1984
Amino acids	199 (1)	207 (4)	209 (3)		169 (2)	(6) Stewart et al. 1984
mRNA	1123 bp (5) 1172 bp (6) 1134 bp (7)	1024 bp (11)	1094 bp (8) 755 bp (9) 1126 bp (A3, 17)		850 bp (6) 838 bp (10)	(7) Gorodetskii et al. 1986
cDNA	1862 bp (15)	2510 bp (16)				(8) Baev et al. 1987
Gene	17508 bp (14)	18483 bp (16)	10338 bp (13)		7595 bp (12)	(9) Jimenez-Flores et al. 1987
<i>recombinant Protein</i>						(10) Gorodetskii & Kaledin 1987
expression in	alpha-S1	alpha-S2	beta	gamma	kappa	(11) Stewart et al. 1987
Escherichia coli			(2)		(1)	(12) Alexander et al. 1988
Transgenic mice	(5)		(3), (4)			(13) Bonsing et al. 1988
<i>3D-Structure</i>						(14) Koczan et al. 1991
<u>Micelle aggregation:</u> CAS subunits associate in solution forming complexes and ordered aggregates of micelles in lactoserum by colloidal calcium phosphate and phosphoserine interactions: ratio alpha-S1 / beta / alpha-S2 / kappa-CAS is 37% / 37% / 13% / 13% (2)						(15) Chen et al. 1992
<u>Polymerisation</u> kappa-CAS: monomer or multimer linked by disulfide bonds (1)						(16) Groenen et al. 1993
						(17) Simons et al. 1993
						(1) Kang & Richardson 1988
						(2) Simons et al. 1993
						(3) Hitchin et al. 1996
						(4) Jeng et al. 1997
						(5) Rijnkels et al. 1998
						(1) SWISS-PROT
						(2) Wal 1998

Posttranslational Modifications				
Numbers of	alpha-S1	alpha-S2	beta	kappa
Disulfide bonds	-	1	-	1
Glycosylation sites	-	-	7-8	-
Phosphorylation	8-9	10	4-5	2
<p><u>Glycosylation of kappa-CAS:</u> O-glycosation sites: distribution of monosaccharide, disaccharide, trisaccharide (straight), trisaccharide (branched), and tetrasaccharide chains were 0.8, 6.3, 18.4, 18.5, and 56.0%, respectively (means of five kappa-CAS) (2)</p>				
Biological Function				
alpha-CAS: Calcium phosphate transport capacity of milk (1)				
kappa: Micelle formation stabilizing, preventing CAS precipitation in milk (1)				
Location				
alpha-CAS, kappa-CAS: production in mammary gland, extracellular secretion (1)				
Sequence Homology				
alpha-S1 and S2 CAS from cow's milk: aa identity 22.5% (2)				
alpha-S1 CAS from sheep's and goat's milk: aa identity 87-89% (2)				
alpha-S2 CAS from sheep's and goat's milk: aa identity 87-89% (2)				
alpha-S1 and S2 CAS from sheep's and goat's milk: aa identity 97-98% (2)				
beta-CAS from sheep's and goat's milk: aa identity 91% (1)				
kappa-CAS from sheep's and goat's milk: aa identity 84% (1)				
Stability				
	alpha-CAS	beta-CAS	kappa-CAS	
Ca ²⁺ sensitivity	+	+	-	

(1) SWISS-PROT
 (2) [Saito & Itoh 1992](#)

(1) SWISS-PROT

(1) SWISS-PROT

(1) BLAST at PIR
 (2) [Spurgin et al. 1997](#)

(1) [Wal 1998](#)

7.5.2 Allergenic Properties

Caseins (CAS)	References
Frequency of Sensitization IgE-binding to CAS in 65-100% of patients (1)	(1) see 7.1 Sensitization to Cow's Milk Allergens
Allergenicity of Subunits Major IgE-binding CAS subunits in 4 patients with CMA and atopic dermatitis: in 1 patient alpha- and kappa-CAS, in 2 patients alpha-CAS, and in 1 patient kappa-CAS (tested: alpha-, beta-, and kappa-CAS) (1) 85% of 58 children presented IgE against each CAS, only 1 child was monosensitized (to kappa-CAS), allergenic potencies according to statistical distribution of specific serum IgE levels: alpha S1-CAS > beta-CAS >> alpha S2-CAS = kappa-CAS (RAST) (2) IgE-binding to alpha-CAS in 100%, beta + gamma-CAS in 50%, and kappa-CAS in 33% of 6 children with CMA (3)	(1) Shimojo et al. 1997 (2) Bernard et al. 1998 (3) Restani et al. 1999

B-Cell Epitopes: alpha S1 CAS

IgE binding sites located on alpha S1 CAS:

Peptides	Positivity in Patients	inhibition of IgE binding to alpha S1 CAS [%]	Ref.
1-54 (fragment)	+ (a)		(1)
1-10 (synthetic peptide)	67% (b)	5% (max. 14%)	(2)
19-30 (synthetic peptide)	100% (c)		(2)*
20-31 (synthetic peptide)	58% (b)	7% (max. 40%)	(2)
34-45 (synthetic peptide)	50% (b)	5% (max. 18%)	(2)
58-73 (synthetic peptide)	42% (b)	3% (max. 15%)	(2)
61-123 (fragment)	+ (a)		(1)
86-103 (synthetic peptide)	100% (b)	19% (max. 42%)	(2)
93-98 (synthetic peptide)	100% (c)		(2)*
124-135 (fragment)	+ (a)		(1)
136-196 (CNBr fragment)	+ (a)		(1, 3)
141-150 (synthetic peptide)	92% (b)	8% (max. 20%)	(2)*
165-199 (fragment)	+ (a)		(1)
181-199 (synthetic peptide)	100% (a)	92% and 30% (n=2) (b)	(3)
188-199 (synthetic peptide)	42% (b)	7% (max. 28%)	(2)

- (1) [Otani et al. 1989](#)
 (2) [Spuergin et al. 1996](#)
 (3) [Nakajima-Adachi et al. 1998](#)

- (a) EAST / RAST
 (b) EAST / RAST-inhibition
 (c) Pin-ELISA

- (1) 2 patients with CMA
 (2) 12 patients with CMA,
 *similar IgG binding
 (3) 9 patients with CMA

B-Cell Epitopes: beta-CAS

IgE binding sites located on beta-CAS:

Peptides	Positivity in Patients	Ref.
1-139 (fragment)	+ (a)	(1)
1-93 (fragment)	+ (a)	(1)
1-60 (fragment)	+ (a)	(1)
26-93 (fragment)	+ (a)	(1)
106-209 (fragment)	+ (a)	(1)
110-144 (fragment)	+ (a)	(1)
132-144 (fragment)	+ (a)	(1)
157-185 (fragment)	+ (a)	(1)
186-209 (fragment)	+ (a)	(1)

- (1) [Otani et al. 1989](#)

- (a) EAST / RAST
 (1) 2 patients with CMA

T-Cell Epitopes: alpha S1 CAS

alpha S1 CAS specific T-Cell Lines responsive to:

- 1-54 (CNBr fragment) (1)
 31-50 (synthetic peptide) (1)
 76-95 (synthetic peptide) (1)
 91-110 (synthetic peptide) (1)
 124-135 (CNBr fragment) (1)
 136-155 (synthetic peptide) (1)

(1) 7 TCL from 2 patients with CMA

- (1) [Nakajima-Adachi et al. 1998](#)

<p>PBMC Proliferation stimulation with CAS (1)</p>	<p>(1) see Diagnostic Features of CMA</p>																								
<p>PBMC Stimulation / Cytokines <u>PBMC stimulation with CAS:</u> Significantly higher PBMC proliferation in cow's milk allergic children with atopic dermatitis as compared to children with atopic dermatitis without cow's milk allergy (1)</p> <p>16 of 28 CAS- or ovalbumin-specific TCC from cow's milk and egg allergic children were CD8+; 75% of CD4+ TCC and 44% of CD8+ TCC secreted IL-4; all TCC secreted INF-gamma (1)</p> <p>27% of CD4+ CAS- specific TCCs from adolescent or adult patients with cow's milk-responsive atopic dermatitis, and the majority of house dust mite- specific TCCs, produced IL-4 on mitogen stimulation; INF-gamma was produced by the majority of TCCs with both specificities (3)</p> <p><u>PBMC stimulation with kappa- CAS:</u> 25 of 31 TCC from patients with milk- responsive atopic dermatitis responded to mixed CAS (alpha-, beta-, kappa-) and kappa- CAS (2)</p>	<p>(1) Reekers et al. 1996 (2) Werfel et al. 1996 (3) Werfel et al. 1997b</p>																								
<p>T-Cell Lines (TCL) / Cytokines PBMC responsiveness to alpha s1- CAS activation was rather weak in cow's milk allergic patients; 26 alpha s1- CAS- specific T-cell lines were established; higher frequency of CD8+ T cells which produced INF-gamma and IL-4 (1)</p>	<p>(1) Nakajima al. 1996</p>																								
<p>Alteration of Allergenicity</p> <table border="1" data-bbox="119 1016 1085 1290"> <thead> <tr> <th>Treatment</th> <th>alpha-</th> <th>beta</th> <th>kappa</th> </tr> </thead> <tbody> <tr> <td>heat denaturation</td> <td>NS (1)</td> <td></td> <td></td> </tr> <tr> <td>acidic treatment (HCl)</td> <td>NS (1)</td> <td></td> <td></td> </tr> <tr> <td>alkaline treatment (NaOH)</td> <td>NS (1)</td> <td></td> <td></td> </tr> <tr> <td>sodium dodecyl sulfate</td> <td>NS (1)</td> <td></td> <td></td> </tr> <tr> <td>urea denaturation</td> <td>NS (1)</td> <td></td> <td></td> </tr> </tbody> </table> <p>NS no significant difference in IgE-binding (1) patients with CMA</p>	Treatment	alpha-	beta	kappa	heat denaturation	NS (1)			acidic treatment (HCl)	NS (1)			alkaline treatment (NaOH)	NS (1)			sodium dodecyl sulfate	NS (1)			urea denaturation	NS (1)			<p>(1) Kohno et al. 1994</p> <p>see also 10 Stability of Cow's Milk Allergens</p>
Treatment	alpha-	beta	kappa																						
heat denaturation	NS (1)																								
acidic treatment (HCl)	NS (1)																								
alkaline treatment (NaOH)	NS (1)																								
sodium dodecyl sulfate	NS (1)																								
urea denaturation	NS (1)																								

8 Isolation & Preparation

Extract / Purified Allergens	Methods	References
CAS and whey proteins	Review of purification and analytical methods by chromatography and electrophoresis methods	Strange et al. 1993
alpha CAS	Purification of commercial CAS by IEC (DEAE Sepharose)	Spurgin et al. 1996 Spurgin et al. 1997
alpha S1-, alpha S2-, beta-, and kappa- CAS	Isoelectric precipitation of whole CAS from skimmed raw milk at pH 4.6; isolation of CAS fractions by successive, selective precipitations, followed by dissolving, dialysis and freeze drying steps; further purification by IEC (purity assessed by RP-HPLC)	Bernard et al. 1998
glycosylated and non-glycosylated alpha-LA fractions	Isolation from whey protein fraction by IEC (DEAE Sepharose) followed by SEC (Sephadex G-75)	Slangen & Visser 1999

beta-LG	Preparation from milk (1); purification by affinity chromatography (antibovine IgG column) followed by IEC (Q Sepharose), purity assessed by RP-HPLC and SDS-PAGE (2)	(1) Wal et al. 1995b (2) Selo et al. 1999
bovine IgG	Acid precipitation of colostral whey and concentration of supernatant, isolation of IgG by affinity chromatography (Avid Gel AL) and further purification by IEC, dialysis, lyophilization	Lefranc-Millot et al. 1996

9 Cross-Reactivities

Cross-Reacting Allergens	Subjects / Methods	References
Cow's Milk Allergens cow's dander allergens	6 patients with cow's milk and 5 with cow's dander allergy: 4/6 patients with CMA showed serum IgE binding to dander allergens of 20, 22, 36, 50 and >200 kDa, dander cross-reactive cow's milk allergens were CAS (2 cases) and beta-LG (1 case); 1/5 cow's dander allergic patients showed serum IgE binding to milk allergens of 69, 92 and >200 kDa (immunoblot inhibition)	Szepefalusi et al. 1993
Cow's Milk goat's, sheep, and modified cow's milk formulas	16 children with CMA: high inhibition of IgE-binding to cow's milk by goats', sheep, modified cows' milk formula and CAS formula (RAST inhibition)	Dean et al. 1993
Cow's Milk goat's milk	9 milk allergic patients: IgE-binding to cow's and goat's milk proteins corresponding in Mr to beta-LG and CAS (immunoblot)	Sabbah et al. 1996
Cow's Milk beef*	8/11 beef allergic children presented concomitant reactivity to cow's milk (DBPCFC)*	Werfel et al. 1997a
Cow's Milk goat's milk	26 children with CMA (DBPCFC positive); Sensitivity to goat's milk in 92% (DBPCFC); cow's milk completely extinguished IgE-binding to goat's milk allergens, goat's milk partially inhibited IgE-binding to cow's milk allergens (SDS-PAGE inhibition)	Bellioni-Businco et al. 1999
Cow's Milk ewe, goat, buffalo milk	6 children with CMA: IgE-binding to milk allergens from cow, ewe, goat, and buffalo, but not from camel (SDS-PAGE immunoblot, inhibition)	Restani et al. 1999
alpha-LA lysozyme (hen's egg white)	6/9 egg allergic patients: 12-49% Inhibition of IgE-binding to lysozyme by alpha-LA (RAST inhibition)	Walsh et al. 1987
Caseins goat's, sheep's, and cow's milk	Inhibition of IgE-binding to goat's and sheep's CAS by cow's milk CAS in 1 adult (RAST inhibition)	Wüthrich & Johansson 1995
alpha Caseins goat's, sheep's, and cow's milk	17 children with CMA (immediate type): Inhibition of IgE binding to bovine alpha-CAS by alpha-CAS from cow, goat, and sheep (RAST inhibition), lower specific IgE levels to goat- and sheep alpha-CAS (RAST)	Spuergin et al. 1997

* multiple sensitization (not proved by inhibition-tests)

Unique Allergens	Subjects / Methods	References
Caseins goat's and sheep's vs cow's milk CAS	No inhibition of IgE- binding to goat's and sheep's CAS by cow's milk CAS in 1 adult (RAST inhibition)	Wüthrich & Johansson 1995
Caseins goat's and sheep's vs cow's milk CAS	1 cow's milk tolerant child with goat's and sheep's milk allergy: Decreased inhibition of IgE- binding to goat's milk and CAS by cow's milk and CAS, but not by goat's and sheep's milk and CAS (RAST inhibition); IgE binding to allergens in goat's milk at 22, 27, and 31 kDa, in sheep's milk at 31 kDa and cow's milk at 34 kDa (SDS-PAGE immunoblot)	Umpierrez et al. 1999
Mare's Milk / Cow's Milk 16 and 18 kDa allergens (most likely representing alpha-LA and beta-LG) from mare's milk did not cross-react with corresponding cow's milk allergens	1 mare's milk allergic adult (cow's milk tolerant) (SPT, intracutaneous test, RAST, SDS-PAGE immunoblot)	Gall et al. 1996

10 Stability of Cow's Milk Allergens

Treatment	Effects	References
Heat boiling of skimmed milk, 10 min	Reduction of IgE binding to alpha-LA about 50%, to CAS fractions >66% and to beta-LG, BSA and bovine Ig binding abolished (CRIE score)	Gjesing et al. 1986
Pasteurization, Homogenization, Hydrolysis 1) raw untreated, 2) pasteurized or, 3) homogenized and pasteurized cow's milk, and 4) a commercial hypoallergenic hydrolysed CAS infant formula	Similar positive reactions in SPT and DBPCFC to 1), 2) and 3), no reactions to 4) in 5 cow's milk allergic children (immediate- type); tendency of lower thresholds of processed milk	Host & Samuelsson 1988
Heat boiling of milk, 2 and 10 min	Boiling of milk for 10 but not for 2 min eliminated SPT reactivity to BSA and beta-LG, whereas CAS was heat stabile (8 DBPCFC positive adults with CMA)	Norgaard et al. 1996
Heat boiling of milk, 5 min	No difference in IgE- binding to raw and cooked milk from sera of 2 patients with CMA (immuno-dot-blotting)	Werfel et al. 1997a
Heat, Reduction, Hydrolysis a) heat 96°C, pH 8.0 b) carboxymethylation c) limited proteolysis	Thermoaggregated (a) and reduced forms (b) exhibited similar anaphylactic effect on sensitized guinea pigs; allergenic properties of beta-LG appeared unaltered in food hydrolyzates after thermal treatment and limited proteolysis	Gmoshinskii et al. 1990

<p>Pepsin Hydrolysis, Pancreatic Enzymes, Whey Proteins hydrolysis with pepsin (pH 2, 3, and 4, for 90 min) followed by hydrolysis with a mixture of pancreatic enzymes (pH 7.5 for 150 min) of beta-LG, alpha-LA, BSA, and bovine IgG</p>	<p>Percent inhibition of IgE-binding from sera of patients with IgE- mediated CMA to native proteins by respective hydrolysates of homologue protein:</p> <table border="1" data-bbox="555 257 1129 465"> <thead> <tr> <th>pepsin hydrolysis at</th> <th>pH 2</th> <th>pH 3</th> <th>pH 4</th> </tr> </thead> <tbody> <tr> <td>beta-LG*</td> <td>8%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>alpha-LA</td> <td>5%</td> <td>14%</td> <td>48%</td> </tr> <tr> <td>BSA</td> <td>0%</td> <td>0%</td> <td>58%</td> </tr> <tr> <td>bovine IgG</td> <td>2.5%</td> <td>54%</td> <td>91%</td> </tr> </tbody> </table> <p>(RAST inhibition) * beta-LG is barely hydrolysed by pepsin, but susceptible to pancreatic enzymes</p>	pepsin hydrolysis at	pH 2	pH 3	pH 4	beta-LG*	8%	0%	0%	alpha-LA	5%	14%	48%	BSA	0%	0%	58%	bovine IgG	2.5%	54%	91%	<p>Schmidt et al. 1995</p>
pepsin hydrolysis at	pH 2	pH 3	pH 4																			
beta-LG*	8%	0%	0%																			
alpha-LA	5%	14%	48%																			
BSA	0%	0%	58%																			
bovine IgG	2.5%	54%	91%																			
<p>Duodenal Digestion in vitro digestion of cow's milk proteins by duodenal fluid (1) and human trypsin and elastases (2)</p>	<p>Rate of hydrolysis: purified proteins > crude cow's milk or formula; rates of alpha-LA, beta-LG, and CAS digestion were 0.03, 0.12, and 16.1 mg/mL duodenal juice/min (same capacity to hydrolyze the milk proteins in infants with CMPI, celiac disease, or unclassified gastrointestinal disorder)</p>	<p>(1) Jakobsson et al. 1982 (2) Jakobsson et al. 1983</p>																				
<p>Intestinal Digestion intestinal digestion of beta-LG, alpha-LA and CAS (intestinal cells, 48h)</p>	<p>Lower TNF-alpha production by stimulation of PBMC from cow's milk allergic patients with intestinal digested cow's milk proteins as compared to intact proteins</p>	<p>Benlounes et al. 1996</p>																				
<p>Cell-Envelop Proteinase specific hydrolysis of CAS and ultrafiltration</p>	<p>Elimination of IgE-binding epitopes by degradation of CAS and removal of whey proteins by ultrafiltration</p>	<p>Alting et al. 1998</p>																				
<p>Pepsin Hydrolysis, beta-LG pepsin hydrolysis of beta-LG</p>	<p>222 cow's milk intolerant / allergic patients: Higher degree of IgG binding to native beta-LG than to pepsin digested LG as compared to controls; almost complete discrimination between patient groups by cross- reactive experiments (ELISA)</p>	<p>Duchateau et al. 1998</p>																				
<p>Lactic Acid Fermentation lactic acid fermentation of sterilized cow's milk with a mixed culture of meso- and thermophilic bacteria strains</p>	<p>About 99% reduced antigenicity of whey proteins as compared to raw milk (rabbit pAb, ELISA); allergenicity of alpha-LA and beta-LG only slightly attenuated (Skin Tests)</p>	<p>Jedrychowski & Wroblewska 1999</p>																				

11 Allergen Sources

Reported Adverse Reactions	References
<p>Human Milk Cow's milk taken by the mother precipitated allergic symptoms in 61 breast fed infants (elimination/challenge in mother's diet) (1)</p>	<p>(1) Gerrard & Shenassa 1983a, 1983b</p>
<p>"Non-dairy" Foods Allergic reactions in 6 patients with CMA after ingestion of "non-dairy" products: tofu frozen dessert (2 cases), beef hot dog (2 cases), bologna (2 cases), rice frozen dessert, tuna packed in aqueous solution; contents of milk proteins due to contamination by manufacturing facilities (37-2202 µg/mL) or to unlabeled adding of caseinate (136 µg/mL) (1)</p>	<p>(1) Gern et al. 1991</p>
<p>Cake, Cookie, Pastry Near-fatal anaphylactic reactions in 2 children with CMA (age of 9 and 12 years) after ingestion of a cookie, a cake or pastry containing the allergen (1)</p>	<p>(1) Sampson et al. 1992</p>
<p>Chocolate, Candy Occupational asthma and rhinoconjunctivitis in a chocolate candy worker (positive conjunctival and bronchial challenge tests with lactalbumin) (1)</p>	<p>(1) Bernaola et al. 1994</p>

<p>Several Food Products</p> <p>9 Adverse reactions to unexpected cow's milk allergens in</p> <ol style="list-style-type: none"> Meatballs containing 1.1% CAS (undeclared) Hot dog containing 0.04% CAS (contaminated) Recombined ham containing 2.6% (undeclared) Sausage containing 1.0% CAS (undeclared) Sausage containing 0.06% CAS (contaminated) Dark chocolate containing 0.8% CAS (contaminated) Ice cream (soy based) containing 0.2% CAS (contaminated) Lollipop, strawberry / cream containing 0.2% CAS (undeclared) Meringue containing 1.1% CAS (undeclared) 	<p>Malmheden Yman et al. 1994</p>
<p>Sorbets</p> <p>Frozen desserts manufactured using the same equipment used for producing ice cream may contain milk allergens:</p> <p>Anaphylaxis in a 2-year-old boy after ingestion of a "pareve"- labeled raspberry sorbet (kosher labeling to select dairy-free foods) (1)</p> <p>Anaphylaxis in a 3-year-old boy within 20 min after ingestion of a lemon sorbet (ca. 113 to 170 g) containing trace amounts of milk allergens (whey proteins: 9 µg/mL) (2)</p>	<p>(1) Jones et al. 1992 (2) Laoprasert et al. 1998</p>
<p>Sausage</p> <p>Severe reactions after ingestion of sausage containing CAS (texturing agent) (1)</p>	<p>(1) Foucard et al. 1997</p>
<p>Cheese</p> <p>Anaphylaxis after ingestion of cheese in a 23-year old woman (1)</p>	<p>(1) Wüthrich & Hofer 1986</p>
<p>Goat's and Sheep's Cheese</p> <p>Several allergic reactions after ingestion of feta (cheese made from sheep's milk) in a 15-year-old boy, after ingestion of sheep's or goat's cheese in a 25-year old patient, both tolerated ingestion of dairy products from cow's milk (1)</p> <p>Allergic reactions after eating goat's cheese and after touching of goat's and sheep's cheese in a 2-year-old girl with tolerance to dairy products from cow's milk (2)</p>	<p>(1) Wüthrich & Johansson 1995 (2) Umpierrez et al. 1999</p>
<p>Sheep's Cheese</p> <p>Several anaphylactic reactions after ingestion of food containing "pecorino" cheese made from sheep's milk in a 5-year-old atopic boy unaffected by cow's milk protein allergy (1)</p>	<p>(1) Calvani & Alessandri 1998</p>
<p>Mozarella / Ricotta / Parmesan Cheese</p> <p>Asthma, urticaria and rhinitis in a boy with atopic dermatitis after ingestion of mozzarella cheese made from ewe's and cow's milk; several allergic reactions after ingestion of ricotta cheese containing ewe's milk and parmesan cheese made from cow's milk, respectively (1)</p>	<p>(1) Fiocchi et al. 1999</p>
<p>Baby Food</p> <p>A baby food, cereal flour P, containing alpha- lactalbumin (although labeled guaranteed free of cow's milk), caused failure to thrive and diarrhea, vomiting, and coughing fits in a 22- month-old child with cow's milk allergy (1)</p>	<p>(1) Fremont et al. 1996</p>
<p>Human Milk</p> <p>16/17 of cow's milk allergic children showed allergic symptoms during cow's milk challenge through human milk from asymptomatic mothers (age of children 1.8 to 9.4 months)</p>	<p>(1) Jarvinen et al. 1999b</p>
<p>Infant Formulas</p>	<p>see 12.2 Allergenicity / Safety of Infant Formulas</p>
<p>Pharmaceuticals</p> <p>Anaphylaxis in a 12 months-old boy after cutaneous application of a CAS containing ointment to an inflamed diaper area (1)</p> <p>Severe anaphylactic reaction in a 33-year-old woman during artificial insemination due to sperm-processing medium containing BSA (SPT, RAST) (2)</p> <p>Generalized anaphylactic reaction a few hours after tooth extraction in a 54-year-old woman, hemofibrine (a hemostatic sponge made of bovine fibrin) elicited symptoms (Scratch test, RAST) (3)</p>	<p>(1) Jarmoc & Primack 1987 (2) Wüthrich et al. 1995 (3) Wüthrich et al. 1996</p>

"Neutralizing" of Food Allergies

68-year-old woman with systemic mastocytosis was given "neutralizing" injections of milk and wheat and experienced flushing, palpitations, and lightheadedness with syncope (unproven technique of provocation/neutralization) (1)

(1) [Teuber & Vogt 1999](#)

Allergens in Products	Content / Products	References
Human Milk 38 mothers	Detectable amounts of immunoactive beta-LG (5-33 ng/mL) in 18/38 human milk samples	Jakobsson et al. 1985
Human Milk 25 mothers	Detectable amounts of beta-LG (5-800 ng/mL) in 40% of human milk samples, presence of symptoms in the infant such as diarrhoea, vomiting, colic, exanthema significantly correlated to high levels of beta-LG in the milk	Axelsson et al. 1986
Human Milk 57 breastfeeding mothers	Detectable amounts of bovine beta-LG (up to 6.4 ng/mL) in 45% of samples; persisted up to 3 days after maternal dietary elimination of cow's milk	Machtinger & Moss 1986
Human Milk 9 breastfeeding mothers	Detectable amounts of bovine beta-LG (0.5-45 ng/mL) in 30% of samples	Host et al. 1988
Human Milk 36 samples of human breast milk	Detectable amounts of bovine IgG (mean 3.4 ng/ml)	Maeda et al. 1993
Human Milk 55 breastfeeding mothers (cow's milk allergy in 46 infants, oral challenge)	beta-LG in human milk before and after oral cow's milk load (given after 24 hour milk free diet): beta-LG levels >2 ng/mL in 75% of samples, increased levels in 50% after load	Sorva et al. 1994
Fat Substitutes 13 (16) egg and/or cow's milk allergic patients	Allergenicity of microparticulated egg and cow's milk proteins in fat substitutes (Simplese, Beta IL): No alteration of allergenic potencies in SDS-PAGE immunoblot	(1) Sampson & Cooke 1990 (2) Sampson & Cooke 1992
Flavourings / Seasonings dill-pickle seasoning (containing lactose)	Positive skin test reaction to lactose containing seasoning (1 patient with CMA); CAS and whey proteins identified in this seasoning, and whey proteins in pharmaceutical grade lactose	Watson et al. 1995
Lactose "food-quality" lactose	alpha-LA content in "food quality" lactose 1-5 µg/g (RAST inhibition)	Fremont et al. 1996
Natural Rubber Latex Gloves cow's milk CAS	15/30 commonly marketed natural rubber latex glove brands contained cow's milk CAS (rocket immunoelectrophoresis, ELISA inhibition)	Ylitalo et al. 1999

Allergen Depleted Products	Method	References
Cow's Milk depletion of beta-LG	Specific affinity matrix: beta-LG coupled to Sepharose 4B used to remove beta-LG from milk, significant retardation in its elution because reversible polymerization with soluble beta-LG; beta-LG depleted milk proposed as hyposensitizing milk formula to be used by lactating mothers	Chiancone & Gattoni 1993

12 Infant Formulas

[[Application of Infant Formulas in CMA](#)] [[Allergenicity / Safety](#)] [[Prophylaxis of Atopic Disease](#)]

12.1 Application of Infant Formulas in CMA

Parameters / Subjects	Outcome	References
<i>Nutritional Status</i> 18 children with CMA (age of 1-3.5 years)	Diets based on soy or CAS hydrolysate formula (taken by 72%) supplemented with calcium and in 11 children with vitamins A and D resulted in adequate mean intakes of nutrients	Tiainen et al. 1995
<i>Infant Formulas</i> 60 children with infantile colic	Improvement in 18% of children after receiving a soy formula, while symptoms were unchanged or worse in 53% (cow's milk formula and soy formula fed children), improvement with extensively hydrolyzed CAS formula (Nutramigen)	Lothe et al. 1982
<i>Infant Formulas</i> 36 children with CMA (age of 1 month to 3 years)	Application of a) soybean and b) partially hydrolyzed milk formula: No improvement in a) 10% (Prosobee), b) 12% (Humana SL) Partial or total relief of symptoms in a) 69% (Prosobee), b) 76% (Humana SL)	Iwanczak et al. 1995
<i>Infant Formulas</i> 100 children with CMA (age of 5 months to 9 years)	Application of a) soybean and b) extensively hydrolyzed CAS formula: Partial or total relief of symptoms in a) 37% (Prosobee), b) 42% (Nutramigen)	Korol et al. 1995
<i>Casein Hydrolyzed Formula</i> a 4-day-old female with cow's milk induced eosinophilic colitis	Rectal bleeding resolved upon an extensively hydrolyzed CAS formula, and endoscopy one week later showed improvement, with only scattered areas of erythema, and no friability	Wilson et al. 1990
<i>Whey Hydrolyzed Formulas</i> 79 infants with CMA / CMI (age of <3 months)	Application of 2 extensively whey hydrolyzed formulas (1 lactose free): during application / follow-up of 10 weeks improvement of symptoms in about 80% of children and normal growth with both formulas	Verwimp et al. 1995
<i>Whey Hydrolyzed / Amino Acid Formulas</i> 22 infants with CMA (mean age of 6 months)	Atopic eczema improved significantly and progressively in extensively hydrolyzed whey and amino acid formula- fed groups; downward trend of serum total and milk- specific IgE levels proving the efficacy of both formulas (follow-up study of 9 months)	Isolauri et al. 1995
<i>Probiotics / Whey Hydrolyzed Formula</i> 31 infants with atopic eczema and CMA	1-month study period: infants fed with extensively hydrolyzed whey formula a) fortified with Lactobacillus GG or b) not fortified formula clinical score of atopic dermatitis improved significantly in a); decreased concentrations of alpha 1-antitrypsin and fecal TNF-alpha in a); concentration of fecal eosinophil cationic protein unaltered in a) and b)	Majamaa & Isolauri 1997
<i>Amino Acid Formula</i> 12 infants with adverse reactions to soy formula, whey hydrolysate, or CAS hydrolysate	Infant formula composed of individual amino acids: no symptoms	Hill et al. 1995
<i>Chestnut Formula</i> >50 infants with CMA or lactose intolerance	Supplemented chestnut formula: normal infant's development, 2 cases of intolerance	Osvaath et al. 1976

Soy Protein Formula 20 children with CMA and atopic dermatitis	Cow's milk- free diet using as a soy protein formula improved the skin lesions, in addition to insuring a regular growth in all infants; possible secondary sensitization to soy 1 infant	Cantani et al. 1990
Soy Milk Formula 17 children with CMA / CMI (age of 6 months to 3 years)	Clinical tolerance to follow-up soybean formula in 16 children, one patient developed a severe diarrhoea within 72 hours after introduction of the soybean formula	Buts et al. 1993
Soy Milk 20 infants with CMA	Incidence of allergic symptoms in 17% of infants fed a 2S protein fraction depleted soy milk	Marano et al. 1989
Soy / Beef Hydrolyzed Formula (a) 12 infants with protracted enteritis (b) 10 infants with atopic eczema	Fed with lactose-free soy and beef hydrolysate based formula: improvement of symptoms in both groups, allergic symptoms in 1 (a) and 3 (b) infants who were previously fed with intact soy protein	Donzelli et al. 1990
Hypoallergenic Rice, Amino Acid Formula 1 child with cow's milk and soybean allergy (age of 11 months)	Biotin deficiency in an Japanese infant fed with an amino acid formula and hypoallergenic rice processed by protease; symptoms disappeared after oral supplementation with biotin	Higuchi et al. 1996
Lamp-Meat Based Formula 10 infants with adverse reactions to CAS hydrolyzed formulas (age of 6 months to 3 years)	Application of a modular lamb- meat- based formula, prompt resolution of symptoms (follow-up for 3 months to 5 years)	Weisselberg et al. 1996
Ass' Milk 9 unweaned infants with multiple food hypersensitivity presenting severe symptoms of CMA	Ass' milk plus medium chain triglycerides well tolerated by all patients	Iacono et al. 1992

12.2 Allergenicity / Safety of Infant Formulas

Reported Adverse Reactions	References
Human Milk	see 11 Allergen Sources Reported Adverse Reactions
Infant Formulas 20 children with CMA (age of 15 to 76 months) allergic reactions (challenge tests) to a) extensively hydrolyzed CAS formula in 10%, b) extensively hydrolyzed whey formula 13%, c) partially hydrolyzed whey formula in 45%	(1) Ragno et al. 1993
Infant Formulas Acute allergic reactions in a 7-year old girl with CMA after challenge with 6 different partially and extensively hydrolyzed whey and CAS formulas (DBPCFC); anaphylactic reactions to a extensively hydrolysed CAS formula (Alimentum) (1, 2)	(1) Amonette et al. 1991 (2) Schwartz & Amonette 1991
Casein Hydrolyzed Formula Anaphylaxis in a newborn infant after ingestion of extensively hydrolyzed CAS formula (Pregestimil) (1)	(1) Lifschitz et al. 1988
Casein Hydrolyzed Formula Systemic urticaria in 1 of 11 children with CMA after DBPCFC with extensively hydrolyzed CAS formula (Alimentum) (1)	(1) Oldaeus et al. 1991
Casein Hydrolyzed Formula Anaphylaxis in a newborn infant after ingestion of extensively hydrolyzed CAS formula (Nutramigen) (1)	(1) Saylor & Bahna 1991

<i>Whey Hydrolyzed Formula</i> Anaphylaxis after ingestion of extensively hydrolysed whey protein formula (Alfa-ré) in infants aged 3 to 8 months (1)	(1) Businco et al. 1989
<i>Whey Hydrolyzed Formula</i> Systemic urticarial and respiratory reactions in 8 of 13 children with more severe systemic IgE-mediated CMA (groups B and C: positive SPT to cow's milk, whey and CAS hydrolyzed formulas) when fed a partially hydrolysed whey formula (Good Start) (1)	(1) Schwartz et al. 1991
<i>Whey Hydrolyzed Formula</i> Anaphylaxis after ingestion of partially hydrolyzed whey formula (Good Start) (1) Anaphylaxis after ingestion of partially hydrolyzed whey formula in 2 infants (2)	(1) Ellis et al. 1991 (2) Businco et al. 1994
<i>Extensively Hydrolyzed Formula</i> 13 infants allergic to extensively hydrolyzed cow's milk protein formulas fed for treatment of chronic digestive symptoms (1)	(1) de Boissieu et al. 1997
<i>Soy Hydrolyzed Formula</i> 43 patients with possible milk- and/or soy-protein enterocolitis: 23% had positive challenge with cow's milk, and 33% and 30% had positive challenge to 2 hydrolyzed soy protein isolates	(1) Burks et al. 1994

Reportedly Safe Applications	References
<i>Casein Hydrolyzed Formula</i> 1 extensively hydrolyzed CAS infant formula tested by DBPCFC in 5 children with IgE-mediated CMA, no symptoms occurred (1)	(1) Host & Samuelsson 1988
<i>Casein Hydrolyzed Formula</i> 1 extensively hydrolyzed CAS infant formula tested by SDS-PAGE immunoblot, ELISA and DBPCFC in 25 cow's milk allergic children, even in open challenge no reactions occurred (1)	(1) Sampson et al. 1991
<i>Whey Hydrolyzed Formula</i> All of 13 children with mild topical IgE-mediated CMA (group A: positive SPT to cow's milk, negative to whey and CAS hydrolyzed formulas) tolerated a whey hydrolysate formula (Good Start) when fed for at least 2 weeks (1)	(1) Schwartz et al. 1991
<i>Whey Hydrolyzed Formula</i> 1 ultrafiltrated (<8 kDa) whey hydrolysate infant formula could be administered safely to 66 children with CMA (elimination/challenge procedure)	(1) Halken et al. 1993a
<i>Casein / Whey Hydrolyzed Formula</i> 1 CAS-whey hydrolyzed infant formula tested by PBMC proliferation in 10 children with CMA: no significant T-cell activation (1)	(1) Eigenmann et al. 1995
<i>Casein / Whey Hydrolyzed Formula</i> Hydrolysate well tolerated by 31/33 cow's milk allergic children (1)	(1) Martin-Esteban et al. 1998

Skin Tests and in vitro Tests of Infant Formulas

Allergens in Infant Formulas	Content / Products	References
Hydrolyzed Formulas 26 children with CMA (age of 1.3 to 13.8 years)	Positivity in SPT with a) whey hydrolyzed formula 69% b) extensively hydrolyzed CAS formula 38%	Schwartz et al. 1989
Hydrolyzed Formulas 45 children with CMA (age of 3 months to 16 years)	Positivity in SPT (n=34-41) with a) partially and extensively hydrolysed whey formulas: Beba 24% and Profylac 15% b) extensively hydrolysed CAS formulas: 2.5% each (Alimentum and Nutramigen) Positivity in RAST with Beba 24%, other hydrolyzed formulas 7-13% Relative IgE- binding potency <0.06% for all tested formulas (RAST inhibition) Detectable amounts of bovine beta-LG in Beba 200 µg/g dry weight, other hydrolysed formulas 0.006-0.066 µg/g (ELISA)	Oldaeus et al. 1991
Hydrolyzed Formulas 15 children with CMA (age of 3 to 13 years)	Positivity in SPT with a) partially and extensively hydrolyzed whey formulas: Beba 47% and Alfare 6.7% (1/15) b) extensively hydrolyzed CAS formulas: Nutramigen 0% (regular cow's milk formula 87%)	Oldaeus et al. 1992
Hydrolyzed Formulas 7 different infant formulas	Detectable amounts of bovine beta-LG in hydrolyzed formulas from cows' milk whey or CAS, and from bovine collagen and soy in (range 0.0056 to 200 µg/g dry weight, 0.84 to 31200 ng/mL ready-to-use product)	Makinen-Kiljunen & Sorva 1993
Hydrolyzed Formulas 13 children with CMA	Serum IgE against protein hydrolysates in 6 children	Plebani et al. 1990
Hydrolyzed Formulas children with CMA	6 hydrolyzed formulas tested: certain hydrolysates induced positive skin reactions and allergic symptoms after oral challenge; CAS hydrolysates had the least residual allergenic activity	Rugo & Wahn 1992 Wahn et al. 1992
Hydrolyzed Formulas 16 children with CMA	1 and 2 positive results to 2 extensively hydrolysed CAS formulas; 7 positive results to a extensively hydrolysed whey formula (RAST)	Dean et al. 1993
Whey Hydrolyzed Formula 1 ultrafiltrated (<8 kDa), extensively hydrolysed whey infant formula	35 patients with IgE- mediated reactions: 6% had positive SPT, 11% positive RAST against formula (no reactions in oral challenge test)	Halken et al. 1993a
Whey Hydrolyzed Formula 1 ultrafiltrated, extensively hydrolysed whey infant formula	5 children with CMA: Hydrolysate positive in 4/5 patients in SPT, inhibition of IgE-binding to cow's milk proteins by the formula ranged from 51-96%; Peptides of > 2600 Da positive in SPT and RAST inhibition; peptides of < 1400 Da negative in SPT but still able to inhibit to a small extent IgE- binding to the hydrolysate (SEC, SPT, RAST)	Van Hoeyveld et al. 1998
Casein Hydrolyzed Formula 10 children with CMA	Proliferative responses of PBMCs to hydrolysate formula: higher in 3 patients whose symptoms were not reduced by CAS hydrolysate formula	Nishida et al. 1995

<p>Hydrolyzed Infant Formulas</p> <p>a) extensively hydrolyzed CAS formula b) extensively hydrolyzed whey formula c) partially hydrolyzed whey formula</p>	<p>20 children with CMA (age of 15 to 76 months); positive SPT and specific RAST to</p> <p>a) in 15% and 15%, b) in 15% and 20% c) in 45% and 65%, respectively</p>	<p>Ragno et al. 1993</p>																		
<p>Hydrolyzed Infant Formulas</p> <p>a) non hydrolysed formula b) whey-based formula c) whey-based and ultra-filtrated formula d) CAS/whey-based formula</p>	<p>12 children with CMA: All hydrolysed formulas showed reduced IgE- binding capacity; 25% of patients sera showed IgE- binding to b) and c), and 42% to d); b) and d) contained bovine serum albumin, beta-LG, CAS and their fragments (3-67 kDa) c) contained CAS fragments (3-6 kDa) and beta-LG and its fragments (6-18 kDa) (RAST, immunoblot)</p>	<p>Gortler et al. 1995</p>																		
<p>Hydrolyzed Infant Formulas</p> <p>11 whey and 1 CAS hydrolysed formulas</p>	<p>Inhibition of IgE binding to</p> <table border="1" data-bbox="496 786 1134 1010"> <thead> <tr> <th></th> <th>positive samples</th> <th>inhibition</th> </tr> </thead> <tbody> <tr> <td>alpha-LA</td> <td>12</td> <td>18-93%</td> </tr> <tr> <td>beta-LG</td> <td>12</td> <td>2-84%</td> </tr> <tr> <td>BSA</td> <td>6</td> <td>2-75%</td> </tr> <tr> <td>bovine IgG</td> <td>8</td> <td>3-72%</td> </tr> <tr> <td>CAS</td> <td>11</td> <td>3-89%</td> </tr> </tbody> </table> <p>(RAST inhibition)</p>		positive samples	inhibition	alpha-LA	12	18-93%	beta-LG	12	2-84%	BSA	6	2-75%	bovine IgG	8	3-72%	CAS	11	3-89%	<p>(1) van Beresteijn et al. 1995</p>
	positive samples	inhibition																		
alpha-LA	12	18-93%																		
beta-LG	12	2-84%																		
BSA	6	2-75%																		
bovine IgG	8	3-72%																		
CAS	11	3-89%																		
<p>Hydrolyzed Infant Formulas</p> <p>9 whey or CAS hydrolysed formulas</p>	<p>CAS- specific mAb: 0.05-0.67% CAS components in all partly and 2 extensively whey hydrolysate formulas, not detectable in 2 extensively CAS hydrolysate and the amino acid based formulas (SDS-PAGE immunoblot, ELISA inhibition)</p>	<p>(1) Restani et al. 1995, 1996 (2) Plebani et al. 1997</p>																		
<p>Extensively Hydrolyzed Formulas</p> <p>children with CMA</p>	<p>IgE-binding to residual protein fractions less than 20 kDa in several extensively hydrolyzed cow milk- based formulae (RAST inhibition)</p>	<p>Hoffman & Sampson 1997</p>																		
<p>Infant Formulas</p> <p>a) partially hydrolysed whey formula b) partially hydrolysed whey/CAS formula c) soy/pork collagen hydrolysate d) amino acid formula</p>	<p>20 cow's milk allergic children (mean age 1.6 years): Inhibition of IgE- binding to cow's milk by cow's milk > a > b > c > d (RAST inhibition); SPT to d) all negative</p>	<p>Niggemann et al. 1999a</p>																		
<p>Human Milk</p>	<p>Cow's milk proteins</p>	<p>see 11 Allergen Sources</p>																		

12.3 Infant Formulas for Allergy Prophylaxis

It should be noticed that multiple parameters are involved in (food) allergy prevention. Nutritional intervention and environmental allergen avoidance are factors in allergy prevention. The role of infant formulas is controversial because the results of several studies have not been reproduced and the objective experimental conditions are difficult to achieve and maintain when studying human subjects. Please notice the [disclaimer](#) !

Prevention of	Feeding / Formula	References
<i>Atopic Disease</i> 328 children with a positive family history of allergy (15 years follow up)	Breast fed infants were found to have approximately one-half the incidence of atopy of cow's milk or soy based formula fed infants	Gruskay 1982
<i>Atopic Disease</i> 101 newborn infants of atopic parents (total serum IgE)	development of atopic disease in <u>breast-fed group:</u> 38% with IgE > 0.8 U/ml 12% with IgE < 0.8 U/ml <u>soy-fed group:</u> 33% with IgE > 0.8 U/ml 16% with IgE < 0.8 U/ml <u>cow's milk-fed group:</u> 90% with IgE > 0.8 U/ml 17% with IgE < 0.8 U/ml	Businco et al. 1983b
<i>Atopic Eczema</i> 97 breast fed and 124 non breast fed infants	development of atopic eczema <u>breast-fed group:</u> 22% (restricted maternal diet) 48% (no restricted maternal diet) <u>soy-fed group:</u> in 63% <u>cow's milk-fed group:</u> in 70% <u>CAS hydrolysate-fed group:</u> in 21%	Chandra et al. 1989a
<i>Atopic Disease</i> 72 infants with family history of atopy (each group)*	incidence of atopic eczema, wheezing, rhinitis, gastrointestinal symptoms, or colic <u>breast-fed group:</u> in 20% <u>soy-fed group:</u> in 37% <u>cow's milk-fed group:</u> in 36% <u>partially hydrolysed whey-fed group:</u> in 7% <u>cumulative incidence of atopic disease:</u> breast-fed and whey hydrolysate-fed group < cow's milk and soy-formula fed group	Chandra et al. 1989b Chandra & Hamed 1991 Chandra 1997
<i>Atopic Disease</i> 155 infants with family history of atopy	incidence of atopic symptoms (at 18 months) <u>extensively CAS hydrolysate fed group:</u> in 51% <u>partially hydrolysate fed group:</u> in 64% <u>regular cow's milk formula fed group:</u> in 84%	Oldaeus et al. 1997
<i>Atopic Disease, Cow's Milk Allergy</i> 91 high risk infants (follow-up to 18 months of age)	development of atopic diseases similar in all groups; development of cow's milk allergy / intolerance: <u>exclusively breast fed group:</u> none <u>regular cow's milk formula fed group:</u> in 3 infants with skin symptoms <u>ultrafiltered, extensively hydrolysed whey-fed group:</u> none	Odelram et al. 1996

<p>Atopic Disease, Humoral Response high risk infants (formula fed >3 months) a) 31 fed with extensively CAS hydrolyzed formula b) 29 fed with partially hydrolyzed formula c) 34 fed with regular cow's milk formula</p>	<p>development of any atopic disease: a) in 29%, b) in 38%, c) in 50% (at 9 months) a) in 35%, b) in 48%, c) in 62% (at 18 months) associated to detection of spec. IgE and high spec. IgG responses <u>Cow's milk specific IgE:</u> a) in 6.5%, b) in 10%, c) in 65% <u>beta-LG specific IgG:</u> a < b < c</p>	<p>Oldaeus et al. 1999</p>
<p>Cow's Milk Allergy 21 infants with gastrointestinal symptoms of cow's milk and/or soy protein intolerance</p>	<p>fed with whey protein hydrolysate formula: improvement of symptoms</p>	<p>Merrit et al. 1990</p>
<p>Cow's Milk Allergy 158 high-risk infants (1 year of age, prospective study)</p>	<p>development of cow's milk allergy / intolerance: <u>exclusively breast-fed group:</u> in 1/20 <u>extensively hydrolysed CAS formula-fed group:</u> in 1/59 <u>extensive whey hydrolysate-fed group:</u> in 3/62 (no symptoms to formulas occurred)</p>	<p>Halken et al. 1993b</p>
<p>Cow's Milk Allergy 58 formula-fed "at risk" infants (all children not breast-fed, formulas fed for first 6 months of life)</p>	<p>development of cow's milk allergy / intolerance at age of 6, 12, 36, and 60 months: <u>regular cow's milk formula fed group:</u> in 43%, 53%, 57%, and 60% <u>partially whey hydrolysate-fed group:</u> in 7%, 21%, 25%, and 29%</p>	<p>Vandenplas et al. 1995</p>
<p>Cow's Milk Allergy unselected healthy, full-term infants a) 1789 fed with cow's milk formula b) 1859 with pasteurized human milk c) 1737 with extensively hydrolysed whey formula d) 824 exclusively breast-fed</p>	<p>18 to 34 months follow-up <u>cumulative incidence of cow's milk allergy:</u> in a) 2.4%, b) 1.7%, c) 1.5%, d) 2.1% of infants</p>	<p>Saarinen et al. 1999a</p>
<p>Humoral Response infants at risk of atopy (age of 6 months) a) breast fed group b) regular cow's milk formula fed group c) partially whey hydrolysate fed group</p>	<p>IgE, IgG, and IgG subclasses: lower total IgE, cow's milk specific IgG, and alpha- lactalbumin and beta- lactoglobulin specific IgG4 in a) and c) than in b) (no significant differences at 5 days of age)</p>	<p>Chirico et al. 1997</p>
<p>Humoral Response 129 unselected infants a) breast fed b) cow's milk formula fed c) CAS hydrolysate fed during the first 3 days of life, otherwise exclusively breast fed</p>	<p>Follow-up for 2 years: Exposure to cow's milk stimulated cow's milk proteins specific IgG production, while feeding with a CAS hydrolysate was associated with low specific IgG levels</p>	<p>Juvonen et al. 1999</p>

* Studies may be experimental, unproved, or controversial. Please notice the disclaimer !

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