Allergic Reactions to Food
Is There a Basis for Pharmacological Treatment?

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Abstract of:

When assessing a patient with an allergic reaction to food, the type of clinical reaction, or extra-enteric clinical manifestations are apparent, is very important.

Treatment depends on the clinical manifestations that occurred. Drugs that are able to eliminate the local or general inflammatory response are required; the most important being third-generation antihistamines and anti-inflammatory corticoste-

roids; symptomatic treatment may also be required.

Adrenaline plays an essential role in the treatment of acute clinical manifestations. Sodium cromoglycate (cromolyn sodium) or ketotifen may be useful for prophylaxis when the responsible food allergen cannot be eliminated from the diet. For symptomatic treatment, analgesics and spasmyotics are important in the management of gastrointestinal manifestations; analgesics have a role in treating the symptoms of effects in other systems, particularly the joints.

During infancy it is important to use hypoallergenic hydrolysates in the diet.

Apical hemifacetectomy of the first sacral vertebra in the treatment of an osteoid osteoma

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Abstract of:
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We present the surgical technique of apical hemiface-
tectomy, which is useful for performing selective re-
section of lesions located in the upper articular pro-
cesses avoiding facet joint instability. This surgical
technique was used in a 20-year-old patient to re-
move an osteoid osteoma deeply located in the S1 arti-
cular process.

Key words

Are eosinophilic pustular folliculitis on infancy and infantile acropustulosis the same entity?

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Abstract of:

Eosinophilic pustular folliculitis (EPF) of infancy and in-
fantile acropustulosis (IA) are pustular diseases affecting children in the first few months of life. They are characterize-
ed by eosinophilic infiltrates which have similar clinical and histological features. We present a 6-month-old child with clinical and histological features of both entities.