

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

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When assessing a patient with an allergic reaction to food, the type of clinical reaction, and whether enteric 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 spasmolytics 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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We present the surgical technique of apical hemifacetectomy, which is useful for performing selective resection 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 remove an osteoid osteoma deeply located in the S1 articular process.

Key words

Osteoid osteoma. Sacrum. Surgery.

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

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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 characterized by eosinophilic infiltrates which have similar clinical and histological features⁴. We present a 6-month-old child with clinical and histological features of both entities.