

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرونيله



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Sensitization to Ragweed in Egyptian Children with Respiratory Allergy

Thesis

Submitted for Partial Fulfillment of Master Degree in **Pediatrics**

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Tist of Abbreviations

Abb.	Full term
<i>AAAAI</i>	American Academy of Allergy, Asthma and
	Immunology
ACE	Angiotensin converting enzyme
	Atopic Dermatitis
	Allergic Rhinitis
ARIA	Allergic Rhinitis and its Impact on Asthma
<i>BAT</i>	Basophil Activation Test
	Bioequivalent Allergen Unit
	Beta-LactoGlobulin
<i>BU</i>	Biological Unit
<i>CAP</i>	Community-Acquired Pneumonia
	Cellular Antigen Stimulation Test
<i>CD</i>	Cluster of Differentiation
<i>CFU</i>	Colony- Forming Unit
<i>CSPT</i>	Commercial Skin Prick Test
<i>DBPCFC</i>	Double-blind placebo controlled food
	challenge
<i>Der P</i>	Dermatophagoides Pteronyssinus
<i>EAACI</i>	European Academy of Allergy and Clinical
	Immunology
ELISA	Enzyme – Linked Immunosorbent Assay
<i>ER</i>	Emergency Room
<i>ETAC</i>	Early Treatment of the Atopic Child
<i>FA</i>	Food Allergy
$Fc\gamma R$	Fc Gamma Receptor
<i>FFSPT</i>	Fresh Fruit Skin Prick Test
<i>GINA</i>	Global Initiative for Asthma
	Inhaled Corticosteroids
<i>IDT</i>	Intradermal Test
<i>Ig</i>	Immunoglobulin
<i>IL</i>	Inter Leukin
<i>KSA</i>	Kingdom of Saudi Arabia
<i>LABA</i>	Long Acting Beta Agonist

Tist of Abbreviations cont...

Abb.	Full term
I.PR	Late-Phase Reaction
	Lipid Transfer Proteins
	Leukotriene Receptor Antagonist
	Mechanical Ventilation
	Nicotinamide Adenine Dinucleotide
	Phosphate
OAS	Oral Allergy Syndrome
OVA	• • •
<i>PICU</i>	Pediateric Intensive Care Unit
<i>PPV</i>	Positive Predictive Value
<i>PR</i>	Pathogen Response
<i>PUVA</i>	Psoralen and Ultraviolet A
<i>RAST</i>	Radio-AllergoSorbent Test
SCIT	Subcutaneous Immunotherapy
SD	Standard Deviation
<i>SPSS</i>	Statistical Program for Social Science
<i>SPT</i>	Skin Prick Test
<i>Th2</i>	T helper type 2
<i>TLPs</i>	Thaumatin like Proteins
	United Arab Emirates
<i>UK</i>	United Kingdom
USA	United State of America
UV	Ultraviolet
<i>WAO</i>	World Allergy Organization

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INTRODUCTION AND AIM OF THE WORK

Asthma is a heterogeneous lung disorder characterized by airway obstruction, inflammation and eosinophil infiltration into the lung. Asthma, typically begins in childhood and is the most common chronic disease of childhood, it has reached epidemic proportions. The symptoms of asthma include coughing, wheezing, shortness of breath, and even death (*Meltzer*, 2016).

Ragweed has long been recognized as a major health problem. Allergic rhinitis (AR) and asthma are the main allergic diseases that have been associated with exposure to ragweed pollen, while skin allergic reactions are less common. In the 1930s ragweed was identified as the major cause of hay fever and asthma (*Ihler and Canis*, 2015).

About 40 species are known and *Ambrosia artemisiifolia* (common or short ragweed) and *A. trifida* (giant ragweed) are the most common species (*Essl et al., 2015*). Among all Ambrosia species, *A. artemisiifolia* is the most prominent and invasive, being a major cause of allergy in late summer worldwide (*Chen et al., 2018*).

Environmental factors such as temperature and CO2 concentrations have great influences on pollen production and therefore on the allergen amount. These two environmental

factors are increasing due to climate change and urbanization (Ghiani et al., 2016).

The majority of the Middle East countries are generally known to be desert regions with low rainfall and very high temperatures. As such, weeds are one of the common inhabitants of the plant kingdom as they require less water and can survive under harsh conditions. Therefore, most of the countries in the region have weeds pollen prevalent in their environment (Babu et al., 2011).

Ragweed pollen allergy represents a major health issue and this may be due to the high pollen production of the ragweed plant and the allergenic potency of the ragweed pollen itself. One single ragweed plant can release up to one billion pollen grains per season (Tosi et al., 2011).

Exposure or the increase of pollen counts over a certain period of time leads to a strong increase of the sensitization rate and the occurrence of symptoms. It is important to underline that even low exposure, meaning as little as 10 pollen grains per cubic meter of air, can trigger an allergic reaction (DellaValle et al., 2012).

Ragweed pollen grains can be transported several hundreds to thousands of kilometers by air and can cause allergy symptoms in areas where the ragweed plant is not widespread (Chen et al., 2018).

Due to their high prevalence and severe symptoms, ragweed pollen-induced AR and asthma may significantly affect quality of life, with an impact on attendance and performance at school or the workplace, leading to considerable healthcare costs and a high economic burden (Larsen et al., 2016).

Aim of the Work

This study aimed at evaluating the frequency of ragweed sensitization among a group of atopic Egyptian children with physician-diagnosed respiratory allergies through SPT. The ultimate objective is to roughly estimate the contribution of this allergen as a trigger for respiratory allergy in the pediatric age group in Egypt.