## Main Line HealthCare

## **Pediatric Allergies & Asthma Facts**

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Allergic rhinitis is runny nose, congestion, itching of eyes, nose, ears, and throat in reaction to objects in our environment. In children less than 1 year, allergies are uncommon as they have not had enough exposure. Common allergens are tree pollens (spring), grass (early summer), ragweed (late summer, fall), and year-long allergens such as mold, cockroaches, pet dander, and dust mites. Findings on exam include red eyes, clear runny nose, and pale nose mucosa. Uncontrolled allergies can worsen asthma and eczema, cause sinus infections and ear infections. There are several treatment options. Oral antihistamines are the mainstay of treatment especially in young children who will not sit still for eye drops and nose sprays. Topical antihistamines can be used for the eyes, and nose and steroid sprays for the nose. Allergen avoidance is also important; staying indoors when pollen counts are high, installing hepa filters, changing clothing after playing outdoors. For dust mites, we suggest removing carpets and stuffed animals out of bedrooms and placing plastic mattress and pillow covers. For those that are recalcitrant to treatment, we refer to an allergist for skin or blood testing. Some children may qualify for immunotherapy in order to desensitize the child.

Asthma is coughing and wheezing caused by muscle spasm and inflammation in the small airways. In children it can be a response to viruses, allergies, exercise, and chemicals. Those who have a family history of allergies, eczema, and asthma have a higher chance of having asthma as adults. Those who primarily have wheezing with colds, usually outgrow the symptoms by early childhood (4-5 years). In young children who cannot express complaints of chest tightness and shortness of breath, their primary complaint is cough. On exam they often have wheezing or poor air entry. Treatment initially includes bronchodilators that relax the muscle in the airway. In some moderate attacks, treatments may include steroids by mouth or atrovent. Children who require frequent medications for their asthma might require long term inhaled steroids to prevent asthma attacks. Rarely, some children require ED visits and hospitalization for their asthma attacks. Since asthma can be a potentially fatal illness, it is best to talk to your pediatrician and develop an asthma plan.

## **REFERENCES**

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